

Homelessness Prevention Technical Assistance Guide

Implementing a Random Trial of Homelessness Prevention in Utah



Department of Workforce Services
Housing and Community Development Division
and The Urban Institute

Department of Workforce Services



U.S. Department of Housing and
Urban Development

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**Utah Housing and Community Development Division
and
The Urban Institute**

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Executive Summary

Communities across the nation grapple with too few resources to combat homelessness. While preventing homelessness is ideal, few studies have evaluated the effectiveness of rental assistance programs targeting persons who could become homeless. The Homeless Prevention and Rapid Rehousing Program (HPRP) stimulus program provided an opportunity to explore more effective means to prevent and end homelessness. In order to determine if homeless prevention was an effective use of homeless resources, The State of Utah’s Housing and Community Development Division (HCD) worked with national researcher Dr. Martha Burt to develop a randomized trial to evaluate the program.

HCD recruited all homeless prevention providers statewide to participate in the study using incentives including additional funding and flexibility with existing program activities. Two non-profit providers were selected for evaluation: Catholic Community Services (CCS) in Ogden, Utah, and Salt Lake Community Action Program (SLCAP) in Salt Lake City, Utah. HCD placed a research assistant at each program for support in implementing the study. A total of 443 households eligible for homeless prevention were enrolled in the study over an 8 month period. Once enrolled, households were randomly assigned to receive either case management or receive rental assistance for housing. HCD attempted to contact all participants 12 months later in order to determine if the households had experienced literal homelessness.

After targeting the program for households considered imminently at risk of homelessness,

only 15 households, or 7% of those not receiving assistance, became homeless. For those receiving assistance, 7 households or 3% became homeless. Therefore, rental assistance was marginally more effective for preventing homelessness and reduced the likelihood of homelessness by 4% or 8 households.

A total of \$257,103 was expended for homelessness prevention during the study. The median amount of assistance provided was \$1,140 per household for those assigned to rental assistance. Taking the rate of homelessness in the control group, the amount spent on prevention in the rental assistance group equates to spending roughly \$18,365 to prevent homelessness for one household based on the targeting strategies used in this study.

In terms of follow-up, only 26% of households were contacted or located in the statewide Homeless Management Information System (Utah HMIS) and there was indication through forwarding addresses that an additional 40% had moved since study enrollment. Though the follow-up rate is very low, the ability to search for persons in HMIS for shelter or outreach records increases our ability to determine if households enrolled in the study experienced homelessness. The results are summarized in the table below.

For the households experiencing housing instability, rental assistance is impactful; however, for communities, homelessness prevention as implemented in this study was not an effective strategy to prevent homelessness.

Outcomes of Random Assignment	Rental Assistance		Case Management Only		Total	
	Number	Percent	Number	Percent	Number	Percent
Homeless	7	3%	15	7%	22	5%
Unstably housed, moved or other	111	50%	102	46%	213	48%
Remained stably housing	29	13%	28	12%	57	13%
Unknown	74	34%	77	35%	151	34%
Total	221	100%	222	100%	443	100%

1. Introduction

The U.S. economic downturn in 2008 put many low-income individuals and families at risk of experiencing homelessness. In response, the U.S. Department of Housing and Urban Development created the HPRP to address homelessness as part of the American Recovery and Reinvestment Act (ARRA) of 2009. Enacted in October 2009 and ended in June of 2012, the program targeted those at risk of homelessness as well as those experiencing short-term homelessness who could be helped to move rapidly back into housing. Homelessness prevention and rapid rehousing includes short- and long-term rental assistance, plus supportive services. HPRP uniquely provided the largest rental assistance program to date directed toward preventing and reducing homelessness in the U.S.

Preventing people from experiencing homelessness is always preferable to dealing with the consequences of homelessness for both the individual and the community. However, among those who are at risk of homelessness it is difficult to predict who will and who will not actually become homeless. In times of scarce resources and increasing need, many communities, including Utah, grapple with the tradeoff between funding programs that prevent homelessness at the cost of lessening the support for those already experiencing homelessness. With relatively little understanding of the factors that finally push a household out of a condition of vulnerability and into literal homelessness, the State of Utah recognized the need, benefit, and opportunity offered by HPRP funding to work with service providers throughout the State and gather additional information via a randomized trial of homelessness prevention.

HCD, the state recipient of ESG and HPRP for Utah, initiated and administered this study with design assistance from Dr. Martha Burt of the Urban Institute and MRB Consulting. Funding for the study was provided by the U.S. Department of Housing and Urban Development (HUD) as part of its technical assistance effort. The purpose of this funding was to fund research staff, provide study incentives for participants and create a guidebook detailing the strategies used in Utah to garner support for and implementation of a randomized trial of homelessness prevention.

This guidebook is based on the experiences of State and local funders, non-profits, and other community stakeholders as they undertook the random assignment study. We hope that people interested in evaluating the impact of homelessness prevention programs in their community or conducting a randomized trial of programs administered by non-profit organizations may benefit from Utah's experience.

This guidebook outlines the background of homelessness prevention, its purpose, and what is understood in the field regarding its effectiveness. The guide details the process by which officials in Utah engaged all prevention providers statewide to consider participating in a study. Additionally, it reviews how HCD and two prevention providers implemented a randomized trial of homelessness prevention in different communities. Finally, the guidebook provides the results of the study, what was learned in the process, and what, in retrospect, would have made the study more effective. The study documentation, tables, figures, and results are included in the appendices.

2. Homelessness Prevention

2.1 What is homelessness prevention?

Homelessness prevention involves two key components: providing appropriate resources and support and targeting individuals who, without this assistance, would become homeless according to the HUD's definition.

Definition of homelessness

Homelessness has been defined in various ways. Federal statutes provide different definitions for federal agencies offering education, health, social services, and housing, depending on their services and the purposes for which they offer those services, as defined by statute, as established in the Stewart B. McKinney Homeless Assistance Act of 1987 and subsequent related federal legislation. The definition used in this guidebook is based on the U.S. Department of Housing and Urban Development (HUD)'s definition of homelessness as defined in 2011 at the beginning of the study. Below is the distinction between homelessness and those considered at risk of homelessness:

- **Homeless:** an individual or family who lacks a fixed, regular and adequate nighttime residence and has a primary nighttime residence that is a place not meant for human habitation, an emergency shelter, transitional housing, or are exiting an institution where they stayed a short time (90 consecutive days or less) and who resided in an emergency shelter or place not meant for human habitation prior to entering the institution.
- **Imminent risk of homelessness:** an individual or family who will lose their primary nighttime residence within 14 days, has not identified subsequent housing and lacks the networks or resources to find subsequent housing.

Eligibility criteria for homelessness prevention

To be eligible for HPRP homelessness prevention, persons seeking services had to be low income, with

a total household income less than 50% of the Area Median Income (AMI), and persons had to be considered imminently at risk of homelessness “but for” additional assistance with homeless prevention funds.¹ Details of the program rules for homelessness prevention as they were constituted under The HUD's HPRP program are beyond the scope of this guidebook; however additional resources on homelessness prevention and the HPRP program are located on the HUD's resource website at https://www.onecpd.info/resources/documents/hprp_eligibilityanddocumentationguidance.pdf.

Targeting homelessness prevention

Targeting persons who would become homeless ‘but-for’ or without homelessness prevention services is the most crucial part of the program and also the most difficult. Many people living in poverty are unstably housed, meaning they are forced to move multiple times due to lack of income or social resources. The problem for a homelessness prevention program is predicting which of the many households that have moved frequently, face a recent financial crisis, and have few resources will actually lose their housing in the next two weeks and have no alternative housing options but the streets or a shelter. How does a prevention program assess whether all other resources have been exhausted? When are staying with family or friends, working with landlords to prevent an eviction or referrals to other programs (such as domestic violence services) appropriate interventions to meet individual or family needs? These are common concerns for prevention programs. Further, how programs resolve these issues, and the level of homelessness risk of the households they ultimately accept, will greatly influence the odds that their program will be effective—that is, that without it the households served would actually have become homeless in the sense of the HUD definition.

Homelessness prevention services

Services available to clients through the HPRP homeless prevention programs included any

combination of the following activities for up to 18 months:

- Housing subsidies including rental, deposit, utility, and arrear assistance
- Housing location services including transportation and moving costs
- Services including landlord mediation
- Referrals for other services including credit repair and legal services

Burt et al's 2005 "Strategies for Preventing Homelessness" outlines the evidence for the effectiveness of these interventions.²

2.2 Why homelessness prevention?

Homelessness can expose individuals and families to traumatic events or aggravate their current circumstances, thus making it more difficult to access necessary resources and regain the ability to support themselves. Children are particularly vulnerable to the adverse effects of homelessness, which can interrupt their schooling and development of positive peer and mentoring relationships, or expose them to dangerous or unhealthy environments. Early experience with homelessness can have long term effects for children and young adults, including increasing the risk of homelessness later in life.³

Communities also feel the impact of homelessness. Studies nationwide have found that the fiscal cost of homelessness for communities is significant (National Alliance to End Homelessness "The Cost of Homelessness," 2001). Higher utilization of emergency services such as emergency rooms, police

and ambulance response, and jail stays are more common among homeless individuals due to their increased exposure to outdoor elements, violence, and other unsafe or unhealthy environments. Since homeless households rarely have insurance or the ability to pay for emergency or other services, these costs are covered by the taxpayer. Preventing the occurrence of homelessness or reducing its impact is both humane and cost-effective public policy.

2.3 Why evaluate homelessness prevention?

Large unmet need

HCD Salt Lake County, Salt Lake City and Provo City received \$8.4 million for the HPRP program. These grantees sub-granted HPRP funds to 13 non-profit and local government agencies in 9 communities across the state. Including all grantees, the majority of funds were directed toward rapid re-housing of homeless persons (64%). Therefore, roughly \$3 million was available over the three-year HPRP program for prevention services and administration. An average of \$1,000 was spent per prevention household; at this cost approximately 84 households could receive homelessness prevention assistance state-wide per month over the three years of the HPRP grant.

In Utah, the first day the HPRP program opened for enrollment, hundreds of families lined up outside the Salt Lake Community Action Program in Salt Lake City.⁴ With hundreds seeking assistance each month in Salt Lake City alone, targeting prevention funds was crucial and also difficult.

1. http://www.hudhre.info/documents/HPRP_EligibilityAndDocumentationGuidance.pdf

2. Martha R. Burt, Carol Pearson, and Ann Elizabeth Montgomery. Strategies for Preventing Homelessness. May 2005, available from the U.S. Department of Housing and Urban Development Office of Policy Development and Research.

3. i.e. Buckner, J.C. and E.L. Bassuk (1997). Mental Disorders and Service Utilization Among Youths from Homeless and Low-Income Housed Families. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 890–900; Buckner, J. C., Bassuk, E. L., Weinreb, L., and Brooks, M. (1999). Homelessness and Its Relation to the Mental Health and Behavior of Low-Income School Aged Children. *Developmental Psychology*, 35, 246–257; Garcia Coll, C., Buckner, J. C., Brooks, M. G., Weinreb, L. F., and Bassuk, E. L. (1998). The Developmental Status and Adaptive Behavior of Homeless and Low-Income Housed Infants and Toddlers. *American Journal of Public Health*, 88, 1371–1374; Rafferty, Y., Shinn, M., and Weitzman, B. C. (2004). Academic Achievement among Formerly Homeless Adolescents and their Continuously Housed Peers. *Journal of School Psychology*, 42, 179–199.

4. Salt Lake Tribune Article "Incredible demand for services to keep Utahns from homelessness." October 6, 2009 (http://www.sltrib.com/ci_13499892).

Difficulty targeting

In a study of poor households less than 1 in 10 experienced homelessness at some point in their lifetime.⁵ Given the high cost of the program this means a significant portion of the funding has the potential to be misdirected to those who often would be considered at risk but would never experience homelessness. Ultimately the program likely mitigated a poor housing situation or other at-risk scenario, which may or may not have precipitated into a homelessness situation.

There are many causes of homelessness and many protective factors. Identifying the perfect menu of factors that will predict homelessness is nearly impossible.⁶ For instance one study exploring risk factors for families in New York found using an extensive array of risk factors they were only able to predict homelessness for 66% of the families who experienced homelessness. This study compared those requesting shelter to those receiving welfare in the same community.

However, better targeting is possible. Shinn et al (2013) followed shelter applicants for three years in New York starting in 2004 and compared three methods for assessing risk for families who became homeless.⁸ They found that it was possible to increase targeting accuracy using an empirical approach rather than provider judgment and by focusing on families with greater risk based on an array of risk factors. In Burt et al's 2005 review of prevention programs, the authors found that the best targeting methodology came from communities who used community-wide strategies and data to share information on what local factors put persons at risk of homelessness.⁹ This could mean changes to local programs, cuts in funding, closures of local businesses, or housing policies. In addition, strategies and data were based on characteristics of persons already homeless in their community.

Often service providers are not able to coordinate or collaborate with other providers to the extent they want due to limited time and resources or lack of a shared vision. In addition, data systems and administration in a community may not be robust enough to create a feedback loop of risk factor information. Our community, like many others, focused prevention resources on primary prevention, which attempts to identify and target people before their first instance of homelessness. This meant giving prevention funding to agencies that provide low-income services and not providing funding to homeless shelters or service providers exclusively. A potential consequence of this approach is a lower level of coordination among homeless shelter and homeless prevention providers. As services are targeted to persons farther from the shelter door, the less likely they are to capture those likely to be homeless.

How much is enough?

Common questions regarding provision of services include the following:

- What type of assistance is best in terms of housing subsidies or supportive services?
- How much financial assistance for housing is enough?
- How long should assistance be provided?
- How much should the program tailor services to clients' characteristics?

Best practices for homelessness prevention published recently call for "just enough" resources.¹⁰ This means rather than assuming long-term assistance, providers should approach each case with minimal resources and then reassess to determine if additional resources are necessary. However, many providers need to plan in advance to expend funds and anticipate

5. Rog, D. J., Holupka, C. S., Hastings, K. and Patton, L. (2007). *Toward a Typology of Homeless Families: Building on the Existing Knowledge: Chapter 3. A Re-Analysis of the Fragile Families and Child Well-being Study.* Prepared for the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

6. Shinn, M., J. Baumohl, and K. Hopper. (2001). *The Prevention of Homelessness Revisited.* *Analyses of Social Issues and Public Policy*, 1(1) 95-127.

7. Shinn, M., B. C. Weitzman, D. Stojanovic, J. R. Knickman, L. Jimenez, L. Duchon, S. James, and D. H. Krantz. 1998. *Predictors of Homelessness among Families in New York City: from Shelter Request to Housing Stability.* *American Journal of Public Health*, 88 (11) 1651-1657.

staffing levels, which can work against the ideal of tailoring services to meet individual needs. To make the funding last over time and to maintain staffing levels, providers in Utah rationed services and created monthly targets for how many persons to serve. Another important consideration for service provision is the skill level and experience of case managers, as they can immensely impact the amount of services necessary for preventing homelessness.

To date, the effectiveness of homelessness prevention is not fully understood. Further studies evaluating prevention in terms of targeting strategy and service provision will be important for understanding the impact of homelessness prevention relative to

other interventions. A recent study of homelessness prevention in New York used a randomized assignment for prevention services and found a significantly higher number of families who did not receive services entered shelter within 27 months of seeking assistance compared to families that did receive services (14.5% compared to 8%).¹¹

The rest of this guide presents how HCD garnered support from community partners and convinced agencies to participate in a randomized trial of homelessness prevention. It then outlines the process by which the study was integrated into each agency's daily process and finally how participants in the study were followed up and the results of the study.

3. Establishing Community Support for Evaluating Homelessness Prevention

3.1 Identifying and collaborating with key stakeholders

Drivers of evaluation

In Utah, HCD was the key driver of conducting an evaluation of homelessness prevention. HCD is the State HPRP and ESG grantee. In Utah, as in most other communities nationally, data and research form the basis for most funding and programmatic decisions. HCD was motivated to conduct a study after meetings with a national researcher, Dr. Martha Burt, regarding how best to implement the HPRP Stimulus Program as well as the need locally to understand how best to alleviate pressure on the shelter system and avoid its expansion.

In Utah, the effort to garner support from other stakeholders and recruit agencies to participate was led by Jonathan Hardy, Director of the State Community Services Office. We used incentives such as allocating additional HPRP funding and more flexibility in program activities to any partner willing to participate in the study. Once buy-in was established, national and local researchers supported the process of developing and implementing an evaluation.

The State of Utah has many stable partnerships with local and national researchers. The State worked with researchers, primarily Dr. Martha Burt, from the beginning to: make sure the right research questions were being asked, to ensure there was a

8. Shinn, M., A.L. Greer, J. Bainbridge, J. Kwon, and S. Zuiderveen. 2013. Efficient Targeting of Homelessness Prevention Services for Families. *American Journal of Public Health*, 103 (S2) S324-S330.

9. Martha R. Burt, Carol Pearson, and Walter R. McDonald. Strategies for Preventing Homelessness. May 2005, available from the U.S. Department of Housing and Urban Development Office of Policy Development and Research.

10. National Alliance to End Homelessness. 2009. "Homelessness Prevention: Creating Programs that Work."

11. Howard Rolston, Judy Geyer, Gretchen Locke, Stephen Metraux, and Dan Treglia. Final Report: Evaluation of the Homebase Community Prevention Program. June 2013, available from Abt Associates.

clear path to answering those questions through an evaluation and to support a dialogue of possibilities and address concerns for how an evaluation would impact a program. In addition, HCD staff member Jayme Day with a background in research became the local study administrator and was tasked with coordinating with all project partners and directing study implementation. For entities without staff able to support a research study, local colleges and universities often have research institutes or students who can conduct a study.

Funders and community leaders

We contacted local funders of homelessness prevention at the county and city-level regarding the possibility of an evaluation. This was to avoid interfering with their grants and to allow them the opportunity to participate in the evaluation. Finally, funders had an opportunity to provide feedback and recommendations for the evaluation process.

Funders of homelessness prevention activities included both State and local administrators of the following programs:

- Emergency Solutions Grant (ESG)
- Temporary Aid to Needy Families (TANF)
- FEMA Emergency Food and Shelter Program (EFSP)
- Community Services Block Grant (CSBG)
- Community Development Block Grant (CDBG)
- Supportive Services Block Grant (SSBG)
- HOME Tenant Based Rental Assistance (TBRA)
- Other private and religious contributors

Some funders apart from the State did not wish their funding to be based on a random assignment. As a result careful consideration for how to recruit agencies funded from multiple sources was determined early on. In the end only HPRP funds given by the State for homelessness prevention were used in this study.

Service providers

All recipients of homelessness prevention funds from ESG or HPRP statewide were considered as possible participants of a homelessness prevention study. In addition, related service providers, including emergency shelter providers, were included in meetings to discuss an evaluation of homelessness prevention.

3.2 Assessing community motivation for prevention program evaluation

In general, Utah State and local leaders and service providers have a long history of seeking out and visiting other program models nationally and inviting national experts and policy makers to visit Utah to provide technical assistance. There is also a high level of collaboration among service providers, State and local funders, and other related stakeholders. Finally, a lot of emphasis is placed on data collection and research for informing local decision-making. These conditions made it possible for Utah to explore the community's motivation to participate in an evaluation of homelessness prevention.

For more information on HCD please visit <http://jobs.utah.gov/housing>.

Change as motivation

As a result of the HPRP stimulus program, many state and local funders, community leaders and service providers felt compelled to review their programs and in some cases make adjustments to their funding allocations and program design. It also provided an opportunity to consider the most appropriate target populations and reflect on the overall goal of the program and capacity across the state to meet needs locally. Like many other communities, stakeholders in Utah had different ideas on how best to implement and direct the program. Ultimately, with a new emphasis from the federal government on homelessness prevention and rapid rehousing and additional funding and comprehensive program changes, HCD was open to the idea of building in a study to learn as much as possible from the experience.

Third-party perspective

Many State and local stakeholders from Utah regularly travel to national conferences. These conferences provide opportunities to attend sessions with national experts as well as opportunities to consider strategic changes and possible collaborations with co-state representatives. When the HPRP program was first implemented, many persons from Utah attended the National Alliance to End Homelessness annual conference and identified many national experts. As a result, HCD invited Martha Burt of the Urban Institute and MRB Consulting, and Tom Albanese of Abt Associates to help determine the best approach for allocating funds and programming guidance. These experts met with many local stakeholders both individually and in larger settings to discuss how homelessness prevention and rapid rehousing programs were operating in other communities; what resources in terms of reports, guides and trainings were available; and to help direct Utah's development of prevention programs statewide.

In Utah these visits provided an opportunity to consider outside perspectives and generate questions and ideas on the theoretical and practical directions of the prevention and rapid rehousing programs. In addition, Utah found that stakeholders were more open to the introduction or reinforcement of new perspectives from an independent third-party expert in the field. National experts were able to identify and challenge the assumptions of local stakeholders and providers of prevention assistance.

Community retreat

In conjunction with the technical assistance visit from Abt Associates, HCD sponsored a retreat with all homelessness prevention providers across the State and other community stakeholders to review and discuss the program. At this point, the HPRP program had been operating for almost a year, meaning all service providers had at least some experience with a homelessness prevention program.

The forum offered an excellent opportunity for stakeholders to safely explore different lines of thinking with a trusted source of information. The technical assistance provider reviewed the program rules and purpose and clarified how the regulations related to

services in Utah. Both providers and funders were able to voice their concerns and motivations and discuss possible directions together. Finally, it was an opportunity for HCD to get a sense for how open the community would be to evaluating the prevention programs they administer.

The major point of discussion in the retreat was whether it was more effective to target harder to serve individuals who would more likely become homeless, or serve those more likely to be successful in the program with fewer resources and prevent their housing situation from deteriorating. In the end it was acknowledged that further study would help to inform targeting of homelessness prevention resources.

We emphasized that the HPRP stimulus program created a three year window to learn as much as possible about homelessness prevention, reassess existing policies and procedures, and improve on programs to be more effective when funds dramatically decreased. This included a short window for a more formal evaluation. Overall the retreat created a sense that all stakeholders were on the same side and all working toward a better system of services.

3.3 Surveying prevention programs for a study design

Identifying providers of homelessness prevention

HCD identified all agencies across the State that provided homelessness prevention assistance. Homeless prevention programs assess persons deemed "at risk" of homelessness, provide them with housing location or stabilization services, and often assist financially with utility payments, rental arrears, deposits, moving costs, and ongoing rent. These programs are typically funded by ESG, TANF, and CSBG and in Utah were the same programs selected to receive HPRP. This included a total of 13 agencies across the state.

HCD found it useful to focus on one stream of funding for evaluation due to consistency of program rules; however it was extremely important for us to be aware of all sources of funding used in the service providers' programs. It was discussed early on that providing other financial services to

participants was acceptable but could undermine the study if provided to those in the group not intended to receive financial services. In addition if other programs or services were available agencies would have had the ability to direct certain households to those programs apart from the study. This could bias the study if we were not including 'typical' households seeking homelessness prevention in our study.

Approaches to evaluation a study of homelessness prevention

There are many ways to evaluate a program's effectiveness. Each approach depends on the program's capacity, population served, and willingness to participate; each with unique advantages and disadvantages. Utah considered a variety of approaches when first identifying programs to recruit to maximize the opportunities for program evaluation. The goal for us was to conduct a randomized trial of homelessness prevention, which is considered the most rigorous study design. Approaches considered in Utah included the following:

1. Observational approach

Programs track the circumstances of households before and after the services they provide. As part of the regular tracking required for homelessness prevention. The percentage of persons exiting to permanent housing can be telling. If the percent is relatively high then the agency may want to question if it is targeting the right people.

The limitation of this approach is that there is no way of knowing what would have happened if the household had not received services.

2. Case-control studies

This type of study includes a comparison group of already homeless households and involves comparing the characteristics of homeless households with those housed persons seeking housing assistance. This approach is best for determining the effectiveness of targeting as those served with homelessness prevention should have similar characteristics to those who are already homeless.

However, this approach does not test whether early intervention would have assisted the at-risk households in avoiding their homelessness.

3. Cohort studies

Cohort studies create natural comparison groups among those who are seeking assistance. A program's discretion or funding schedule often determines who will and will not receive services. This creates the opportunity to compare those who end up receiving services to those who do not.

While it is important to compare between those receiving services and those who do not, it is difficult to determine if it was the program that made any difference in household outcomes, because the two groups could easily have been different to begin with. For instance, perhaps people seeking assistance at the beginning of the month while program funds are available may be between paychecks, or are more aware of when services become available, or have advocates that help them navigate services as opposed to those who show up too late after funds have been expended. If this is the case then it could be that people who end up getting services don't become homeless due to their different need, resourcefulness, or because they have advocates and not because of receiving additional resources.

4. Randomized trials

A random trial removes the possibility of misinterpretation identified for case control and cohort studies. A randomized trial is the best way to determine whether individuals would have become homeless without homelessness prevention services. A random trial creates the most comparable groups by removing any bias of the program or person in determining who should receive services. Randomly assigning services means that a service provider cannot decide which person or household will receive assistance of all those eligible, therefore any outcome is due to receiving or not receiving assistance, ruling out other biases that can exist.

While this approach isolates the true effect of the program, it is still necessary to be aware of how the at-risk pool is selected. The program may or may not be effective depending on the population served. The targeting of those served can be limited based on funding and the contracted scope of work.

Determining study approach

Once prevention providers were identified, we considered three key components to determine the type of program evaluation best suited for the agency that would also fulfill the purpose of our investigation.

1. Program capacity

The agency's presence in the community was important. We assessed the amount of self referrals or walk-ins relative to the amount of community-based referrals, such as through school districts, 2-1-1, mental health and substance abuse providers. Also, we considered whether the agency participated in the Homelessness Management Information System (HMIS). In Utah, the HMIS has policies and procedures that allow for follow-up of study participants across the state.

2. Population served

Comparison groups had to be large enough to detect any differences using statistical analyses. Researchers can determine what the group sizes need to be, but initially, it was helpful to get a sense of how many persons and households the program served on a weekly and monthly basis. We also looked for any natural comparison groups that existed for those who received housing assistance and those who did not, or whether these groups needed to be created.

3. Agency willingness

The willingness of the providers to be flexible with their program design and their philosophy of service was very important. This meant a high degree of collaboration was necessary between HCD and each provider to troubleshoot practical issues and discuss broader issues pertaining to the study.

The questions used for interviewing potential agency participants are provided in Appendix I—B.

Selecting homelessness prevention programs

Initially, HCD was open to including any study approach with any willing participant statewide. In general, we felt that the discussions statewide regarding an evaluation generated a more informed approach to homelessness prevention generally.

In the end, HCD selected two sites to conduct a randomized trial—Salt Lake Community Action Program (SLCAP) and Catholic Community Services (CCS). This decision was based on the larger volume of persons served and the willingness of these agencies to conduct a randomized trial. While all of the prevention service providers agreed to some form of a study, HCD had limited capacity to support a study statewide. Both SLCAP and CCS were the only homelessness prevention funded providers in their communities. This is important because households seeking homelessness prevention services would represent all households in the community in need of prevention services.

SLCAP is a private non-profit community action, which provides a wide variety of services to low-income persons including housing and utility assistance. With roughly 1 million residents, Salt Lake County is the most populated county in the State. Salt Lake County also has the largest number of homeless persons—over 65% of the State's homeless population. Salt Lake County also has the second highest concentration of homelessness in the State.

CCS Joyce Hansen Hall Food Bank is a private non-profit organization in Weber County and is located in Ogden City. It provides services to low-income individuals and primarily operates a large food bank for the Ogden area. Weber County is an urban county in Northern Utah with the fourth highest population in the state with 11.8% living in poverty in 2011. Weber County has the second highest number of homeless persons on a single night and the fifth highest concentration of homelessness in the state.

3.4 Recruiting service providers

We understood that our evaluation would potentially burden service providers but the need for more information regarding effective uses of homelessness funding was necessary. This was the perspective taken by HCD when approaching service providers to participate in a study.

Jonathan Hardy, the Director of the Community Services Office in HCD, visited agencies across the State to assess their interest and willingness to participate. It was important to cast as wide a net as possible to ensure any willing providers could be included and that there was a general awareness of the process, as well as the possibility for any discussions regarding questions or concerns. As HCD administered HPRP, ESG and other State funds for homeless services, it was easier to set up meetings with service providers to discuss a study. In addition, Mr. Hardy had the knowledge and authority to create incentives as discussed below.

As part of the visit, Mr. Hardy shared a sketch of the study design and administered a questionnaire. These materials helped guide the meeting and helped bring out all relevant issues early on. Refer to Appendix I to see materials used. The following points detail how we approached recruitment of homelessness prevention programs for this evaluation.

1. Creating incentives

By far the most effective approach was to create incentives rather than mandates. Because HCD was overseeing the disbursement of HPRP funds, we would offer incentives to participating agencies. Most often, this translated into providing additional funding or more flexibility with program activities.

The State of Utah used its HPRP funds primarily for rapid rehousing (64%), leaving 36% for prevention. Agencies often administer both prevention and rapid rehousing programs. Many agencies wanted more flexibility to determine the amount of funding to allocate to each activity and were willing to make changes to their contracts.

Specifically for SLCAP, HCD was able to increase the dollar amount of its contract, enabling the agency to hire a new case manager to deal with the increased volume of clients. For CCS, the incentive involved shifting resources from rapid rehousing into prevention. According to Jonathan Hardy, “both agencies were seeking this type of action prior to the rollout of the study and we were able to create a win/win by agreeing to this possibility in conjunction with the development of the study.”

2. Holding regular meetings

It takes time to develop rapport with service providers around the issue of an evaluation, especially given more intensive design of a random trial. The more frequently various stakeholders could meet, the better. It was helpful to have materials such as a sketch of a study design for review and comment (see Appendix I).

Initially, HCD held individual meetings with each agency’s executive director and program managers to discuss the importance of the study for understanding the effectiveness of homelessness prevention and how the study design would impact their programming. Sometimes these meetings included other funders of the same program. As multiple parties became aware and supportive of an evaluation, larger meetings were held. HCD took advantage of the many community meetings that service providers regularly attended to present the idea of an evaluation as an agenda item. Essentially, HCD took any and all opportunities to discuss an evaluation and work through any concerns of the community.

3. Information Sharing

Agencies need opportunities to demonstrate effectiveness of their programs. For instance, describing their philosophy and approach, and explaining how other communities might find their program approach useful. Agencies expressed feeling pressure from

funders to demonstrate positive results to remain competitive for funding. Engaging funders in the evaluation's recruitment process led to additional dialogue among providers and funders. Providers were able to talk about successes as well as the constraints they face with funders.

4. Education

Education related to study design and methods was a key component of recruitment. Informing providers about the probable impacts of participation on the way their programs function helped to reduce reluctance. For instance, a common concern was whether the agency would be able to serve individuals with the services they deemed necessary once the client was enrolled.

Having a researcher as part of these discussions helped with understanding what aspects of the study could be flexible and what aspects had to exist to maintain the integrity of the study (specifically a randomized trial—discussed in section 3.5). Also, we made sure to acknowledge the forces outside the program that programs couldn't control such as the local housing market.

In addition, it helped to identify and include persons within the organizations who had some experience with or understanding of evaluation methodologies. These individuals were invaluable in facilitating communication between researchers and their own agencies, including what issues their agencies felt were most salient before agreeing to participate in an evaluation, particularly the randomized trial.

5. Providing research support

Because we were able to secure funding for the study it was possible to place a research assistant on-site at both SLCAP and CCS for the study enrollment process. This was especially helpful for a randomized design as the researcher could divert negative attention away from program staff ("it's the researcher's

decision, not mine") and help to ensure the integrity of the randomization process.

In addition, we offered to handle all complaints or questions from clients or other members of the community and provided contact information for the local study administrator at HCD. We also created a press kit that detailed the purpose of the study, its importance, and the basic points of why it was ethically and methodologically sound to carry out the study (Appendix 6.3).

6. Tailor study implementation to agency's needs

Finally, we offered to work with the service providers to incorporate the study into their daily operation as smoothly as possible, including accommodating additional variables they wanted to assess. Research staff at each site created workflow documentation that detailed how the agency functioned on a daily basis. Agency staff came to a consensus about how the randomized trial should fit into that workflow, which helped create a greater sense of community and teamwork between agency and research staff. As the two sites functioned differently, the workflow processes looked very different on paper, but in the end each promoted an easy transition into the randomization process and assisted agency staff in understanding the new procedure. This will be discussed in greater detail in section 4.2.

3.5 Broaching the idea of implementing a randomized trial

While a randomized trial is the most robust form of an evaluation, it was challenging for providers to consider allowing their clients, who are in a vulnerable situation, to be treated as test subjects. In the randomized determination, some clients would receive more assistance than others and the agency would lose its authority to decide which clients received more assistance. We had several discussions with providers regarding the purpose of randomization and the likely trade offs with the program. Some key discussion points are outlined below.

Justifications for use of a random trial:

- Because there are scarce resources for homelessness services and the need is so great, it is important to use those scarce resources effectively.
- Homelessness prevention programs are not entitlement programs. Usually provision of services is based on the amount of funding available and the discretion of the prevention providers, regardless of whether someone is technically eligible.
- All studies working with human subjects and potentially denying services based on a study model must be put through an Institutional Review Board (IRB) process to ensure study participants' rights and proper treatment. This procedure assures an independent and objective review of the study methodology, including whether the benefit of the study would outweigh the risks to participants.

Study designs can be confusing and it requires using specific language to describe the differences between approaches to assure programs that it was worth pursuing a random trial. In addition, random trials make a more powerful statement when reporting on the effectiveness of programs. Given the work required to carry out a thorough evaluation of homelessness prevention, a random trial can be one small additional step that can improve a study's integrity immensely and is, therefore, worth considering.

3.6 Program participants in Utah

CCS had been actively providing homelessness prevention services for northern Utah for many years prior to HPRP, using HOPWA and ESG funds among others. Like many other service providers across the State, CCS had never run a medium to long-term homelessness prevention program—one that could offer up to 18 months of rental assistance rather than one or two months and they were interested in improving its targeting of the HPRP program. Decision makers at this agency were willing participants as they understood they, as well as funders, needed to learn the most effective strategy

for to delivering the program.

On the other hand, SLCAP had a long history of administering a variety of rental assistance programs related to homelessness prevention and were initially reluctant to participate in a randomized trial. It also received funds from multiple grantees for HPRP including the State of Utah, Salt Lake County and Salt Lake City. SLCAP agreed to participate when the state offered additional funding to serve those whom the agency would normally have rejected on the basis of having too many barriers to housing stability. This provided the opportunity for SLCAP to serve additional households, even though services were randomized, and provided an opening for the agency to reconsider its programming once all funders consented to the study. As Jonathan Hardy pointed out, “convincing a funder to commit a grantee to a study is the easiest path to getting a non-profit or service provider to participate, but in order to make the study successful it still requires a partnership or relationship between the funder and grantee.”

The recruitment process offered both programs the opportunity to receive more technical assistance on The HUD's prevention program through local and federal agencies. Both agencies considered this an opportunity to reassess their approaches and share their experiences.

4. Planning and Implementing the Study

4.1 Developing a profile of the participating prevention programs

It was important for HCD to understand the possibilities and constraints of the two participating programs in order to tailor the study of homelessness prevention to fit as much as possible into normal agency procedures. Much of this reconnaissance was done while recruiting agencies, however it helped to review a few key elements of the programs while gearing up for the study. Therefore, HCD staff met with agency directors and program administrators frequently to ask more in depth questions about their programs, clients and communities.

Information about the program's approach came from a variety of sources:

- Agency directors and prevention program administrators and staff
- Client information databases, specifically the Utah Homelessness Management Information System (Utah HMIS)
- Local homeless service providers such as local homeless shelter administrators
- Local and State funders

Key elements assessed at the outset of the study:

1. Agency and program characteristics

- What type of agency is it?
- What is the history of the organization and program?
- What types of funding does the agency and program receive generally?
- Who are the key persons to collaborate with?
- How is the prevention program staffed?

2. Population served

- What is the scope of the agency's programs and individuals served?

- How do clients access agency services?
- Are those served by the program different from those served by other homeless or homelessness prevention services in the same community?
- How closely do the populations identified by the agency as at risk of homelessness resemble those who are actually homeless in the same community? Are any mechanisms in place for making this determination? How can/would the agency be willing to bring the two more in line?

3. Services provided in prevention program

- What services does the agency?
- What additional sources of financial assistance are available? Are the other service providers open to participating in an evaluation?
- What is the typical service provision for households? What is the balance between case management or supportive services and financial assistance?
- What is the typical length of subsidy?
- What are the types of case management referrals?
- Is there follow-up with households that received services? What is their typical status upon exit from the program?
- Does the program feel it has enough resources to prevent homelessness among those households it serves?

4. Eligibility process

- How does the program assess eligibility?
- How does the program determine and document the HPRP "but-for" eligibility criteria?

- Does the agency have criteria beyond those officially used to determine eligibility that it uses to make the decision of which households to enroll, among those eligible? Which households does the agency consider “suitable” for prevention services (i.e. families and/or individuals, housing history, other characteristics)?
- Are those who are “suitable” considered high or low barrier households for housing stability?

5. Coordination with other service providers

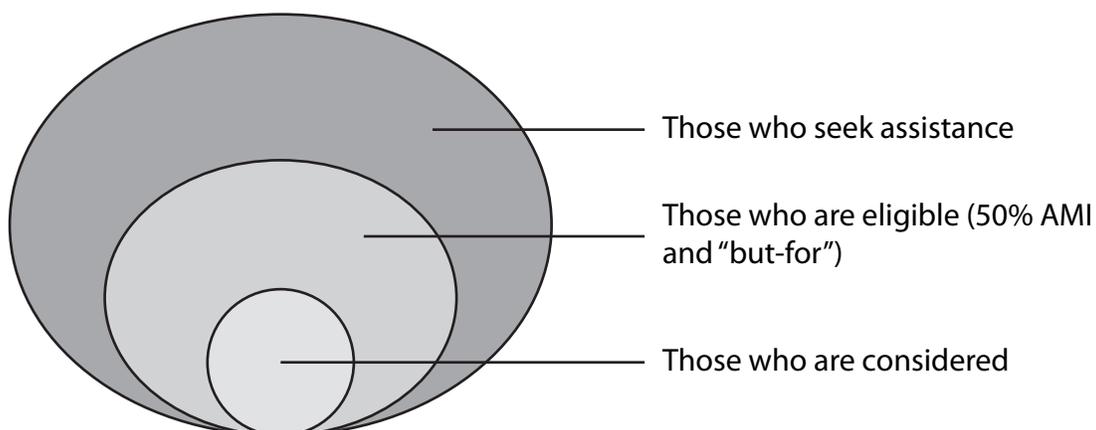
- How integrated is the agency, and the HPRP program specifically, with other service providers?
- If referred by another service provider (as opposed to walk-ins), is a household more or less likely to be enrolled in the program?
- Would the referring agency have a problem with a study evaluation?
- Would local homeless service providers agree that the prevention program is preventing homelessness among those they would normally serve?

Program philosophy

How to target the program elicited extensive and repeated discussion. For the study to be able to detect meaningful differences between the intervention and control groups, households in both groups would have to have a significantly high risk of becoming homeless in the absence of the intervention (HPRP). Many people experience housing crises and other hardships, however most will not become homeless by The HUD’s definition in the immediate future, even if they do lose their current housing. Therefore, it was important for us to understand the households the program was currently targeting and whether that population shared similar characteristics with the local homeless population. We also asked whether the program could tell if its current clients were facing a housing crisis or if they knew whether the households became literally homeless. We asked how they became aware of this outcome through follow-up or contacts with homeless shelter and outreach providers.

When considering the assessment questions, we felt that the programs were geared toward serving at-risk households who would not be imminently homeless but perhaps would be homeless after a longer period of time if their circumstances worsened. This meant the programs would have to adjust how they targeted their prevention services toward households with higher barriers. This was a

Figure 1: Depiction of Eligibility and Suitability



subtle change in program goals from targeting those likely to be successful at the end of the program. Instead, the evaluation would now be targeting those most likely to become homeless; services would likely need to be more intense for longer with a more uncertain outcome.

HCD and program staff had many long and productive conversations throughout the study regarding the philosophy of targeting. It was useful to frame the study as short-term and an opportunity for the program to test out a modified approach that many funders promote.

4.2 Mapping a program's workflow

Each program already had a process for determining eligibility and forms to collect and verify client information. Because two agencies with different procedures participated in the evaluation, HCD wanted to create a standardized targeting tool that would support data collection for a study and could fit within the operation of the programs. Below are the typical steps each program was using before the evaluation began. In addition, in italics, are the study-specific steps that were incorporated for each step in the process.

HCD staff first ascertained each agency's workflow—how persons approach the agency, what steps occur after that point and what information is collected at each step. It helped to create a visual of this process. While mapping the existing workflow, we focused on how a standardized evaluation of the program could be incorporated into existing procedures. See Appendix 6.4 for examples.

The typical workflow consisted of the following steps:

1. Initial Eligibility Screening
2. Eligibility Verification and Suitability Assessment
3. Determination of Program Enrollment
4. Intake Assessment and Enrollment Documentation
5. Providing Prevention Assistance
6. Following up with Program Participants

Depending on the program, these steps were carried out simultaneously or at different times and by one or more staff persons. SLCAP simultaneously assesses eligibility for multiple programs in addition to homelessness prevention, so it was important to identify these dynamics as we mapped out the workflow.

Research steps to incorporate into the workflow

Elements specific to the evaluation that were considered and introduced in the workflow included:

- When to inform persons seeking assistance of the potential to be included in an evaluation (especially if using a random trial)
- When the assignment to a group occurs, how and by whom
- When informed consent for the study occurs
- When to collect information specific to the evaluation

Program and research steps

1. Initial eligibility screening

The purpose of an initial screening is to determine if persons seeking assistance would be eligible for housing assistance. Information collected typically consisted of where the household was currently living, its income, and an explanation of its housing crisis. To determine whether the household met the “but for” clause in HPRP regulations, initial screening also determined what actions the household had taken to alleviate its situation. The latter information was anecdotal and not part of a formal or comprehensive assessment, but was used to screen or refer people to other resources they may not have considered. Typically people approached the agency of their own volition or they were referred from another agency.

Self-referrals

Both agencies accepted self-referrals, however they greatly differed in terms

of flexibility. CCS accepted walk-ins or phone calls at any time during office hours, with the front-desk secretary doing the initial screening. SLCAP has a much larger operation and found this method too disruptive for a busy office. Instead, it established a dedicated phone line for specific intake hours each month. In addition, SLCAP accepted referrals from other agencies at any time.

Referrals from other service providers

For persons referred to the program by other agencies, we recorded the referral source. This is important for several reasons: first, informing the referring agencies that their clients will be going through an evaluation second, those referred may be more likely to qualify since other agencies were unable to assist them and a greater sense of obligation may exist to serve those referred from community partners.

Research step: *HCD staff provided a script for the staff person conducting the initial intake, stating the purpose of the study and how it could impact the services available to the client. It was important for the client to be aware of the study as early as possible to avoid confusion later. Additionally, providing a script helped agency staff give the prospective client accurate, current and consistent information about the study.*

2. Assessment

Due to the high volume of need, agencies or programs often include additional criteria from the eligibility assessment to narrow down who will receive the limited services available. This became confusing when discussing HPRP rules versus the program's rules. To solve this we used the term eligible for HPRP rules and suitable to connote the program's additional criteria.

Eligibility

Because the initial eligibility screening is self-reported, a case manager verified the person's income and access to resources.

Documentation of eligibility sometimes occurred in multiple steps, depending on what type of documentation was needed and when the client was able to provide the documentation.

Suitability

Because the criteria provided for eligibility were quite broad, individual agencies had a great deal of flexibility or discretion to establish additional requirements. Suitability criteria varied greatly for the two programs. The suitability assessment took place in conjunction with the eligibility steps regardless of how the process was set up to screen out ineligible persons early in the process. This avoided unnecessary work or expectations of the person seeking services. This step occurred over the phone or in person and usually consisted of a more in-depth interview than was done for the initial screening.

Research step: *We found it useful to incorporate eligibility and suitability criteria into a single targeting tool that could be standardized across programs for evaluation purposes. The process for documenting eligibility is beyond the scope of this document but resources are available on the HUD's website (www.onecpd.info).*

3. Program enrollment

The two agencies participating in the evaluation made enrollment decisions at different stages of the assessment process. CCS often completed the entire assessment (including eligibility and suitability) before determining whether someone would be enrolled in the program. Due to the higher volume of people seeking services at SLCAP, specific hours were allocated to complete the initial eligibility steps over the phone. The rest of the assessment was completed when the then eligible person seeking services visited SLCAP's offices with the appropriate documentation; staff then proceeded with the rest of the assessment and enrollment. While the assessments were the same, each program created breaks in the process as necessary.

Research step: *The process to select program recipients should be as standardized as possible but can still have some level of provider discretion. To do this we developed an assessment tool that allowed for each agency to use the results in its own way (See Section 4.3).*

4. Intake assessment and enrollment documentation

At this step, case managers finalized verification of information. They also asked the person enrolled to sign paperwork, such as consent forms for data entry into the HMIS and for reporting and other commitments.

Research step: *Once the program elected to enroll the person, the client was referred to a research assistant who presented the study overview and consent form. If the person agreed to participate he or she was randomly assigned to a study group. If the client agreed to participate the research assistant administered an additional questionnaire. Clients were then referred back to the case manager for services according to the group assignment. Persons who did not agree to participate were referred back to the case manager or intake person for other referral services and were not enrolled in the homeless prevention program.*

5. Providing prevention assistance

Once clients were enrolled, the agency provided case management and financial assistance according to the study assignment. Within the study assignment of financial assistance or regular care the program administrators had full discretion over the services made available to the person such as amount or length of subsidy or case management activities and referrals. The emphasis at this stage was to make every effort to prevent homelessness for individuals in each group but with the differences in resources separating the two group assignments.

Research step: *Once the client was enrolled in the program and assigned to a study group the agency followed the rules of the group assignment, however, they had discretion over*

how much and how long case management or financial assistance services would be provided within those groups. This did not require involvement of study staff.

6. Following-up with program participants

The participating programs did not formally follow up with their clients subsequent to their exit from the program, though they were sometimes in contact or would see the client at a later point for services.

Research step: *For capturing the outcome of homelessness we followed up with study participants independently (See Section 5).*

Overall, these steps were slightly customized to each program. We integrated the study at each site in such a way that the program could function as normally as possible. We found it to be vital to plan with program administrators to work out how to minimize the impact of the study on clients and program staff.

4.3 Developing a target assessment tool

An intake and assessment tool dubbed “Standardized Eligibility Determination Interview” was developed simultaneously with both agencies and a single form emerged that both agencies used within the framework of their own workflows. The tool served many functions including eligibility and suitability screening, collecting information for HMIS and other compliance requirements.

Developing a standardized targeting assessment tool meant incorporating multiple information needs into a single practical process. This included information specific to:

- Each agency or specific program
- Rules and regulations according to program funding source
- Local homeless service providers
- HMIS data standards
- The research study

First we gathered all the forms and data standards from the sources listed above and created a matrix

to determine what overlap existed and what information was not included. The additional criteria beyond eligibility that helped to determine suitability for the program was not well fleshed out or comprehensive enough to determine risk of homelessness. Therefore, more work was done to specify common risk factors from outside sources to incorporate into the study.

Determining how to collect and measure suitability criteria

We developed a comprehensive list of barriers or risk factors for a risk assessment to measure “suitability” for targeting the program. We used a wide range of resources for intake assessments including the following:

- Reports or guidance from technical assistance providers
- Published research on risk factors for homelessness
- Existing assessment forms of local homeless prevention and shelter providers
- Assessment forms used by other communities available on their websites

Both providers were amenable to retooling their current assessment forms and we took advantage of these resources to develop a tool to standardize the process across SLCAP and CCS. We were able

to incorporate most of the barriers in the intake assessment (See Appendix 7.6). A few other factors were incorporated into the study questionnaire once the client was enrolled in the program.

Once an agreed upon list of barriers was selected we worked with program administrators to determine how those barriers would be incorporated in their process for targeting assistance. We found three general approaches to including barriers for targeting purposes in practice:

1. Select certain barriers that persons must have before they can be considered for the program.
2. Set the degree of the barriers based on levels of seriousness to determine suitability.
3. Set a total number of barriers that a person or household must have to qualify.

Because we were working across different programs and communities it was easier to set a minimum number of barriers rather than select specific barriers. Both programs decided that they would require a minimum of two barriers for enrollment, though CCS later increased this to five barriers due to the high number of barriers identified by most of the persons seeking assistance. In addition to the required number of barriers, CCS also required that all persons suitable for the program must have a documented disabling condition for single

Common barriers/risk factors identified

- | | | |
|-----------------------------------|------------------------|--------------------------------|
| • Poor or no rental history | • Single-parent family | • Substance abuse |
| • Poor or no work history | • Low income | • Poor credit history and debt |
| • Family behavior problems | • Criminal conviction | • Child welfare problems |
| • Large family | • Foster care | • Abuse or violence |
| • Non-income based eviction | • Young parent | • Physical disabilities |
| • Previous homelessness | • Non-english speaking | • Mental illness |
| • Less than a high school diploma | • New to the area | • Zip code |

individuals and all households had to be at least two months behind in rent.¹²

Targeting or excluding any groups

Many people seek housing assistance, present a diversity of needs and potentially qualify for different services. We considered it too difficult to design a study that could account for all of these dynamics, given the need for a large sample size. Therefore, we worked with the program administrators to decide how to narrow down the criteria.

Groups we considered including or excluding:

- Families or single individuals
- Elderly or minors
- Refugees
- Veterans
- Undocumented persons
- Veterans
- Victims of domestic violence

Ultimately, families with minor children were the focus of the study but individuals were also included to a lesser degree. It was decided to exclude refugees as there was another program in the community that could provide prevention assistance with refugee specific services and HPRP excluded undocumented persons.

Targeting characteristics based on current homeless population

The State of Utah has a single HMIS, which throughout this period was undergoing a software change to another provider. This limited our ability to track information in the system that could inform targeting of prevention services. For example, it would have proved extremely useful to compare the current prevention program participants with persons who were experiencing homelessness. However, this was not possible at the time.

Administering assessment tool

We standardized the interpretation of the questions and categories provided on the assessment tool. By review the content and asking clarifying questions. We emphasized the importance of consistency and recommended that form administrators take notes in the margins so the responses would be determined using data-entry.

4.4 Creating study groups

Determining comparison groups

The comparative study design allowed us to compare with groups and without intervention. In order to evaluate the impact of HPRP prevention services, we compared those who received financial assistance with those who did not. For those who would not receive financial assistance we worked with the providers to determine what the comparison group would receive. “usual care” was determined to be case management only or no services if clients did not want to receive case management.

We maintained a distinction between the two compared groups; in our case this was the provision of financial assistance or “usual care.” Case management was also available to those receiving financial assistance as the providers deemed necessary.

The program administrators had discretion over the type and amount of services that persons received within each of these groups. Persons enrolled in the study were aware of their assignment. The groups were labeled “Case Management” (CM) and “Case Management Plus” (CMP). The providers delivered the amount of financial assistance (e.g. full or partial rental subsidy and number of months) or case management activities they felt were appropriate for the client. The CM group did not receive financial assistance and the CMP group would receive at least some financial assistance.

12. Rental arrears was a requirement for CCS's program eligibility; however, only 27% of households reported being behind in rent according to their responses in the study survey or 40% adjusting for the total households. Eviction rates were much higher at CCS or 91% presumably for reasons including rental arrears as well as other lease violations, which may have been considered in addition to rental arrears by the agency.

Determining the size of each group

We set a target number of households per program and per group to determine if there was a statistical difference in the outcomes of the two groups. We developed a target number of households to enroll per month in order to guide the process and stay within a study time frame.

To determine this number we used what is called a power analysis to take into account the number of groups compared and how small of a difference we wanted to be able to detect between the group outcomes. We also wanted to have large groups in anticipation of higher attrition due to the long follow-up period. Therefore, we set a goal of 200 households for each program, or 400 for both CCS and SLCAP. This also meant that each program would have 50% of households assigned to regular care (or 100 households) and 50% assigned to financial assistance for a total of 200 households in each treatment group across the two programs.

4.5 Developing a study timeframe

To develop a practical study timeframe we tracked the volume of persons each program served prior to the study implementation, estimating the number of households served in the previous two to three quarters. Working with the program administrators and reporting systems such as the HMIS, we were able to estimate the number of people each month who:

- Sought assistance
- Were assessed for services
- Were enrolled in programs
- Received assistance (or the accumulation of persons served at one time)

Another consideration was the dynamics of the time of year for the program. Funding cycles can impact when services are available and timing such as the school year can affect the types of referrals that occur. Once these were laid out, it was possible to take the study target number and estimate how many months would be needed to complete enrollment.

Program staffing

We meet with the program administrators to make sure their program could support the proposed level of enrollment over time. We found that each program typically varied its staffing levels throughout the year based on funding changes and changes in the demand for services. Therefore, they would dedicate staff for financial assistance or case management depending on monthly or quarterly budgetary constraints. Because the study required programs to simultaneously support clients receiving case management and clients receiving financial assistance, additional planning for staffing support was necessary. To help with this planning, we developed a spreadsheet with the anticipated expenditures, enrollment, service volume, and staff time so the program could plan to support the proposed enrollment phase of the study.

Based on the target goal of 200 households per program we anticipated that it would take roughly six months to complete the enrollment phase. Ultimately it took about eight months to complete the enrollment and during that time SLCAP was able to enroll many more households than its target.

4.6 Developing program and study policies

Before the study implementation, we developed policies and procedures that were agreed upon by both study and program administrators, including the mechanisms to handle unanticipated situations. The following were recurring situations or questions that required specific or additional decisions or attention:

1. What happens when persons assigned to the “no services” or “usual care” group attempt to access services at a later time?

There has to be a commitment on the part of the program service providers that persons who are assigned to groups that do not receive financial assistance or increased services do not receive those services for the period of the study. The period of the study is longer than just the enrollment phase. Unfortunately this means that those persons are not eligible for those services.

2. What happens if someone had received prevention services prior to the study enrollment and needs more assistance?

Depending on the program rules, households are usually eligible for between 12 and 18 months of assistance. If these previously enrolled persons had not exceeded their eligibility time frame and were enrolled prior to the study period, the agency could serve them as a traditional client and not as part of the study enrollment or randomization.

3. What happens if it is not possible to find housing for persons in the group that can receive rental assistance?

The household would still be considered to be in the group receiving financial assistance. A program's ability to successfully support persons in maintaining stable housing is the subject of the evaluation. Often housing outcomes are out of the control of the program; (e.g. a lack of affordable housing or housing policies that prevent persons with certain characteristics from accessing housing). The effectiveness of homelessness prevention programs depends on the program itself as well as the larger community's capacity to alleviate housing crises. Therefore, both elements are important for a study, even if they are difficult to discern. These points were reiterated with program administrators.

4. What happens when someone refuses to consent?

Anyone refusing to participate in the study would be unable to access HPRP financial assistance. However, the agency could provide services outside of the HPRP program being evaluated to persons refusing to participate. Referral services were also an option.

Program providers could direct persons to the study administrator with questions or concerns. As part of the study enrollment, informed consent should make persons aware of these constraints and provide contact

information for a study administrator for complaints, questions or concerns.

Households not receiving financial assistance often did not engage in regular case management beyond their initial visit. Unless those persons indicated that they no longer wish to be part of the study they were still included in the follow-up phase of the study.

5. What happens when someone assigned to the "usual care" group receives financial assistance?

This was a common question among case managers at the beginning of the study. It was important to prevent this from occurring in the first place. Persons eligible for program participation should have exhausted all other resources and study and program administrators took many steps to avoid providing other rental assistance financial support for those assigned to the control group. However, if it did occur we communicated that to preserve the randomization of the study, we would not change the group assignment. This did not occur but it was important to discuss with program administrators to maintain the group assignments.

We also had a mechanism in place for dealing with other unanticipated situations consisting of regular meetings or ad hoc communication among designated people. Also, having research assistants on site to problem solve allowed evaluation activities to operate more smoothly.

4.7 Research-specific steps for study administrators

Study funding

We anticipated the need for additional resources for research when planning for the study. We needed additional funding to support a research staff; overhead costs such as travel, phone, office supplies, statistical programs; and grocery card incentives for participants. We applied for and received technical assistance funding through the HUD SNAPS

office. We also considered other sources of funding including from foundations or other federal agencies offering small research grants and state or local government agencies or universities that would benefit from this study.

Informed consent

We developed an informed consent form and process for the study. This included the incentives for someone to participate in the study, what their participation in the study meant, how they could lodge complaints and their ability to withdraw. Participants signed an informed consent form along with the study administrator providing the informed consent and we included in our process a copy of the informed consent for the participants to keep for their records. (An example of an informed consent form is included in Appendix 6.5).

IRB approval

We were required to submit a proposed study design to an Institutional Review Board (IRB) because we intended to study individuals, allow a third party access to their information for analysis and report on the findings. Most universities and most government institutions or research and policy organizations have IRBs. Any researcher involved with the study should have access to an IRB and can facilitate this process. In our case Martha Burt submitted our study proposal to the Urban Institute's IRB for review and approval before we began the study enrollment.

We included the following in our proposal to the IRB:

- Summary of the proposed study
- Copy of the informed consent form
- C.V.s of the study administrators
- Standardized Eligibility Determination Interview
- Follow-up interview
- The Utah HMIS' security and privacy policies and procedures

Staffing the study

We elected to hire research staff to support the

enrollment and follow-up phases of the study. We hired graduate students at local universities from social science departments, including the University of Utah and Utah State University. We recruited students who understood study designs and statistics as they were able to problem solve as issues arose during the study enrollment, which helped to maintain the integrity of the study. We also selected students who were detail oriented, had good people skills, and could understand the objective of the study.

There were times when the lines were blurred between the research assistant and the program staff's authority and responsibility regarding determination of eligibility and suitability. This was because the study staff and program staff had a lot of knowledge of HPRP and worked very closely on designing an assessment form and workflow for each program. We reinforced that the case manager had discretion over the program enrollment and the research assistants were there to simplify clarify what was recorded on the forms for later use and in charge of the informed consent process only.

Tracking study participants

To prepare for the study implementation each informed consent form was assigned a case id. We recorded the case id on both the consent form and assessment form and when entering data. A database was developed to record information from the assessments, group assignment and services provided. A separate database was created that held the participants' names and contact information, together with the case id so both databases could be linked when necessary.

Randomization process

The program staff or case managers expressed frustration when they were not able to provide financial assistance to those they felt needed the help. They also found it difficult to retain clients in the program who were assigned to case management only. Program staff were grateful they could refer to the research assistant for the randomization of services. We recommend for future studies using a randomized assignment that a record of the case managers' impressions for what action they would

have taken be recorded.

Overall there was not much concern expressed in the community once the study began. We believe this was in part due to the extensive recruitment phase and making sure all the community stakeholders were in support of a random trial. Understandably, there were complaints from study participants about the randomization of services; however, these were very few. Participants were invited to talk with the local study administrator and it was their right to withdraw from the study at any time. The study administrator explained with so many households needing assistance and so few resources those chosen for assistance were determined based on a lottery system and the study was in place to learn from this process.

Other preparation and maintenance steps

The press kit was available throughout the study for public education of concerned parties. These materials had the contact information for the study administrator to remove any burden from the program administration. Also, research staff met regularly during the planning and implementation

of the study and maintained a log of issues and how they were resolved.

Orientation before study implementation

The final step before the study implementation was meeting with all pertinent program and research staff to review the evaluation steps and answer any questions or address concerns before the enrollment began.

4.8 Study enrollment

A total of 443 households including 1,289 persons were enrolled in the study over the course of 8 months. SLCAP had a higher enrollment (56%) as they were able to serve additional households and CCS was able to meet their target and enrolled 199 within the timeframe and given the funds they had available. Few households refused to participate in the study during enrollment as participating was the only way for households to enroll in the HPRP homeless prevention program in Salt Lake and Weber Counties. Once the initial assessment was completed 11 households withdrew from the study and these

Study summary	CCS		SLCAP		TOTAL	
	Number	Percent	Number	Percent	Number	Percent
Enrolled	199	44%	255	56%	454	100%
Withdrew	3	27%	8	73%	11	100%
Total in study	196	44%	247	56%	443	100%
Total	221	100%	222	100%	443	100%

5. Follow-up with Study Participants

5.1 Follow-up approach

The focus of the study was whether or not persons experienced literal homelessness following the program. This includes experiences of staying in places not meant for habitation and staying in emergency shelters.

As part of the informed consent process, study participants were asked to record their phone number and available times, current address, and the phone numbers of three other persons most likely to be in touch with them in 12 months' time if they could not be reached. Questions about whether it was okay to inform their other contact persons about their participation in the study were also included (See Appendix 7.5). In addition, study participants were informed that in exchange for completing a 60-90 minute follow-up survey they would be sent a \$30 grocery card for their participation.

To follow up with participants, research assistants developed a phone database with all of the phone numbers and related information and called each participant 12 months following their program enrollment. Research assistants attempted to call three times and left messages unless the number had been disconnected. They then attempted to call the other contacts provided by the study participant. Once the respondent had been reached the research assistant administered the follow-up interview over the phone, requested an address for the participant and they were mailed the \$30 grocery card. See Appendix 7.7 for a copy of the follow-up interview.

5.2 Adapting follow-up approach to increase response rate

Phone calls and phone interviews

Early in the follow-up process, we realized the response rate to phoning participants was extremely low (about 10%). Many of the phone numbers had been disconnected. Therefore we were unable to leave messages with participants. In addition, participants

or their contacts with whom we were able to leave messages often did not return phone calls. To increase our response rate, the study administrators met to determine alternative approaches.

Text messages and online surveys

We decided to try a less invasive method and text participants a follow-up message with a link to an online survey and our phone number. We created an online version of our follow-up survey using survey monkey. This allowed the participants to complete the survey at their convenience rather than scheduling a time with a research assistant. This approach was also more prone to contradictory responses and took additional time to code responses. To link the information to the correct study participant we asked for the participant's last name, date of birth, and current and previous addresses. Overall, this approach boosted the response rate by roughly 8%.

Mailing follow-up information

Finally, we took all remaining persons not yet reached and sent a letter via mail with the online survey information, information about the incentive and our contact information to the addresses self-reported on the consent forms. This increased the response rate by another 5%. For those letters returned with forwarding addresses, a change of address was recorded and the mail was resent to those new addresses. This consisted of three rounds of mailing as some persons moved several times during the study period. This allowed us to record whether the household had moved, however, whether this was for positive or negative reasons was unknown.

Other approaches

The landlords accessed through the prevention program were contracted to inquire if the study participant had moved or was evicted from their property. Landlords were generally not interested in providing any information or were not aware of the person's circumstances enough to comment. In

retrospect it may have been more effective to connect with participants via email. Whether this approach would have increased the response rate is not known for this study but it has done so in other studies.

We also looked at agency records, however they were unable to tell us whether the person had experienced literal homelessness. The programs did not report any specific follow-up activities. Working with program administrators more closely on how best to follow-up with participants may have helped us discover other avenues for follow-up. Increasing the ability to share across service agencies would help to describe the type of services the individual applies for during the post-participation period and may indicate if individuals become homeless or maintain permanent housing.

5.3 Tracking participants via HMIS

In Utah the HMIS is statewide and has about an 85% coverage rate for homeless shelter and housing programs (excluding domestic violence programs). It is a shared system meaning a single person's services and program enrollments can be tracked across participating providers statewide. HCD worked closely with the HMIS staff early on to discuss access to the system matching study participants

to the HMIS. The study consent form included permission to access HMIS records. We looked up all study participants 12 months following their study enrollment to see if they had ever stayed in an emergency shelter or received outreach services or if they had stayed in a place not meant for habitation such as a car. A total of 16 participants had records indicating episodes of homelessness in HMIS subsequent to their enrollment in the homelessness prevention program.

5.4 Study follow-up

Of the total households enrolled in the study, 23% responded to our attempts to contact them one year later and 3% had subsequent records in the Utah HMIS. We attempted to follow-up with all non-responders by mail, including a letter with a description of the study and reminder of \$30 grocery card incentive to participate. Of those letters mailed 40% had letters returned with a forwarding address indicating the participant had moved. While this does not mean that moves were necessarily indicative of a negative outcome it did provide additional information on the households we were not able to locate. In addition, letters were sent to up to 3 forwarding addresses per household if forwarding addresses were returned.

Study Summary	CCS		SLCAP		TOTAL	
	Number	Percent	Number	Percent	Number	Percent
Sources of Information						
Total completing follow-up survey	29	15%	71	29%	100	22.5%
Total with subsequent shelter record	11	6%	5	2%	16	3.6%
Total with survey and shelter record	1	1%	1	0.4%	2	0.4%
Total with forwarding address(es)	88	45%	87	35%	175	39.5%
Total with no follow-up information	67	34%	83	34%	150	34%
Total	196	100%	247	100%	443	100%

6. Study Results and Discussion

Two elements of homelessness prevention are targeting those most likely to be homeless and providing the right amount of services in order to prevent homelessness. Housing instability is a risk factor for homelessness and has negative consequences but it is difficult to predict homelessness among those unstably housed and seeking homelessness prevention services. With the scarcity of funding and resources for those experiencing homelessness it is important to target resources effectively. First, this study attempted to target households most likely to become homeless by increasing the threshold for program enrollment to include at least 2 housing barriers in addition to basic program eligibility indicated by HUD program rules and regulations. Second, the effectiveness of the program was determined by comparing households receiving rental assistance to those receiving basic services such as case management and referral to other community resources. Finally, to further explore our targeting criteria, we compared the characteristics of those enrolled at SLCAP to characteristics of families staying in an emergency shelter in Salt Lake City during the same timeframe to see how closely these two groups resembled one another based on a series of risk factors. Several characteristics were significantly different between the two populations indicating a possible misalignment of targeting criteria.

6.1 Characteristics of enrollees

The study populations displayed different characteristics between CCS and SLCAP. In terms of demographics, those enrolled at SLCAP were more racially diverse, more often female headed households and had larger household sizes with more children under the age of five. CCS's study population had significantly less income, less education and was less often employed than SLCAP. In addition, those at CCS more often reported no income from any source. Those at CCS who had income reported receiving public benefits such as

food stamps more often than SLCAP. Participants from CCS were less likely to be renters or owners when seeking assistance, were more often doubled up, and reported a higher frequency of moving in the recent past. Furthermore, those enrolled at CCS reported more barriers to housing than SLCAP. Overall the circumstances of those at CCS made participants more likely to experience homelessness without a housing intervention. Appendix 8.1 summarizes the characteristics of households enrolled in the study for each study location.

6.2 Outcomes from random assignment

The outcomes by randomized assignment are presented below. While the program was targeted to households deemed to experience homelessness but for assistance, only 14 households (or 6.3%) not receiving rental assistance became homeless. A higher percentage (13%) of those followed-up in the same group remained in the same residence as when they enrolled or reported being stably housed at follow-up. The small percentage of persons experiencing homelessness indicates the program was targeting persons not necessarily at risk of homelessness though in need of support. In terms of program effectiveness, the risk for homelessness was 3% lower for those receiving rental assistance compared to households receiving only case management across both study sites. This difference was marginally significant ($p < 0.069$). When comparing the two study sites, CCS had a 7.6% lower risk of homelessness ($p < 0.034$) for households receiving rental assistance whereas SLCAP had no real difference in the risk for households receiving rental assistance compared to regular care or case management. Appendix 8.2 details study outcomes by study site and study assignment.

With the incidence of homelessness being so low due to ineffective targeting and the high degree of loss to follow-up it is difficult to determine the real impact of homelessness prevention from this study. However,

this study does present a real world application of homelessness prevention and can provide insights into why traditional forms of rental assistance may not be effective for impacting homelessness at a community level.

6.3 Shelter experience for those who became homeless

Because only 22 of the participants experienced homelessness and a large percent of households were lost to follow-up, there is little we can do by way of analyzing risk factors. Given this limitation, we compared the characteristics of those who experienced homelessness to those who continued to be unstably housed in order to identify any unique risk factors for homelessness. Those considered to be “unstably housed” at follow-up are households who when surveyed at follow-up had expressed that they were imminently at risk of losing their housing. A total of 31 households reported ongoing housing instability, or 40% of those households who responded at follow-up. Significant differences for households experiencing homelessness compared those who remained unstably housed included having prior instances of homelessness, being less likely to be employed, more likely to have received Medicaid benefits, more likely to have come from an institution, and having a higher number of barriers identified for housing. A detailed summary table of characteristics for

those who experienced homelessness and those who reported persistent housing instability are presented in Appendix 8.3.

In addition to comparing homeless and unstably housed households, we also gathered information from the Utah HMIS specifically on the experiences of the 18 homeless households who had records in HMIS. Records indicated homelessness did not occur immediately after household sought prevention services. On average homeless households entered shelter roughly 3-4 months after prevention program enrollment. The length of stay for those spending time in shelter is consistent with the length of stay averages for Utah where the majority of families are homeless one time and for less than three months. The table below provides detail on shelter experience for those experiencing homelessness as recorded in the Utah HMIS.

6.4 Comparing prevention group to currently homeless population

In addition to comparing the study participants in randomly assigned groups we also sampled from the largest homeless shelter in Salt Lake City to compare the characteristics of those seeking homeless prevention services to the characteristics of households who were experiencing homelessness. We conducted this comparison to determine how closely our targeting criteria matched characteristics of already homeless households.

Outcomes of Random Assignment	Rental Assistance		Case Management Only		Total	
	Number	Percent	Number	Percent	Number	Percent
Record or self-reported literal homelessness	7	3%	15	7%	22	5%
Moved residences	91	41%	89	40%	180	41%
Remained stably housed	29	13%	28	13%	57	13%
Unstably housed	18	8%	13	6%	31	7%
Unknown	74	33%	77	35%	151	34%
Deceased or in jail	2	1%	0	0%	2	0%
Total	221	100%	222	100%	443	100%

The Road Home is a shelter in Salt Lake City and serves roughly 60% of Utah's homeless population. It is the largest shelter in the State and administers housing programs including HPRP rapid rehousing for families in shelter. The Road Home provided unidentified assessments from 100 homeless families assessed for rapid rehousing, collected during the same time frame as the study enrollment. As many factors as possible were compared between the shelter sample and the homelessness prevention study group from SLCAP as the comparability of the survey forms allowed. We were not able to conduct the same comparison in Weber County due to lack of survey information at the local shelter.

Several factors were significantly different between those seeking prevention services and those staying

in emergency shelter in Salt Lake County. Those in shelter were more often female headed households, younger, had more children, had lower income, were less likely to be employed or have a high school education, and more likely to receive TANF but less likely to receive disability benefits. In addition, households in shelter were significantly more likely to report a housing crisis or domestic violence or conflict as the cause of their crisis than divorce or economic or medical issues and have experienced prior episodes of homelessness. Higher instances of homelessness and less income from employment or income overall are consistent with our comparison of homeless versus unstably housed households. Results are shown in Appendix 8.4.

7. Conclusion

This study relied upon a real world implementation of homelessness prevention as administered by two non-profit organizations in two communities in Utah. Given that we were unable to locate the majority of the participants to follow-up, we found no significant difference between service groups for preventing homelessness for the total sample. In addition, we expected to find a higher incidence of homelessness among those enrolled in the study because we added to program eligibility requiring that households have at least two additional housing barriers or be of greater risk than what the HPRP program rules specify. This outcome indicates that our targeting was not effective.

Comparing outcomes for the two providers participating in the study, CCS had a greater number of households experience homelessness than SLCAP. In addition, households served by CCS that did become homeless were more likely to not have received rental assistance demonstrating program effectiveness. CCS targeted households with a greater number of housing barriers and who had lower socioeconomic status than those served

at SLCAP. In addition, CCS reported that many persons seeking assistance had received an eviction notice and were not aware of the eviction process that did not require that they vacate their dwelling immediately. These persons were not referred into the prevention program.

The missed opportunity to follow-up could indicate we are underestimating the number of persons in our study experiencing homelessness following program enrollment. However, the majority of emergency shelters serving families in Utah participate in the Utah HMIS; therefore, it was highly likely we would be able to find instances of homelessness within this system. For persons staying in shelters not participating in the Utah HMIS, or staying in places not meant for habitation who did not encounter homeless outreach, instances of homelessness would only be captured for those who completed the follow-up survey.

CCS and SLCAP were the only HPRP providers of homelessness prevention in their communities and are widely recognized as a hub of services for low-income persons and both offer a wide array of services.

Households experiencing a housing crisis in these two communities would be likely to approach these agencies or be referred by others in the community if seeking support before becoming homeless. However, it may be that persons who are most likely to become homeless may not have been aware or have reached out early enough to these prevention providers and instead presented at shelter. As a result, we may not have captured households most likely to become homeless in our study. Whether prevention services are well connected to the sheltering system and coordinating with homeless services providers is important for effective targeting of prevention services. SLCAP and CCS collaborate with homeless shelters in their community, however, they are not colocated and it is not a requirement for persons seeking shelter to apply prior to staying in shelter making it less likely for shelters to refer people to prevention services as a diversion.

Whether to direct resources towards prevention or rehousing is a concern for many funders. A total of \$257,103 was expended for homelessness prevention

during the study. The median amount of assistance provided was \$1,140 per household for those assigned to rental assistance. Taking the rate of homelessness in the control group the amount spent on prevention in the rental assistance group equates to spending roughly \$18,365 to prevent homelessness for one household based on the targeting strategies used in this study. For the households avoiding homelessness prevention assistance is impactful, however, for communities trying to decrease homelessness this may not be an effective strategy.

The theory of prevention is to avoid the later costs both financially and in terms of wellbeing for persons and communities. While early intervention is best, it is difficult to know who really is at risk as this study shows. Therefore, with so few resources directed towards homelessness, it is important for communities to consider whether spreading those resources so thinly will effectively prevent homelessness. There are many indicators of risk for homelessness, the confluence of these factors and how they work across communities remains elusive.

Homelessness Outcomes for Those with Records in HMIS (n=16)	CCS		SLCAP		TOTAL	
	Average	Median	Average	Median	Average	Median
Average days from program enrollment to shelter	141	106	158	150	145	106
Average number of days in shelter	47	28	33	22	43	25
Total	196	100%	247	100%	443	100%

Appendix I—Study Documents

A. Introduction of study proposal and design

Utah HPRP Prevention Study: Randomized Trial

Proposal—August 2010

Purpose: To study the outcomes of homeless prevention programs and identify better criteria for identifying those in need who would most benefit from this program.

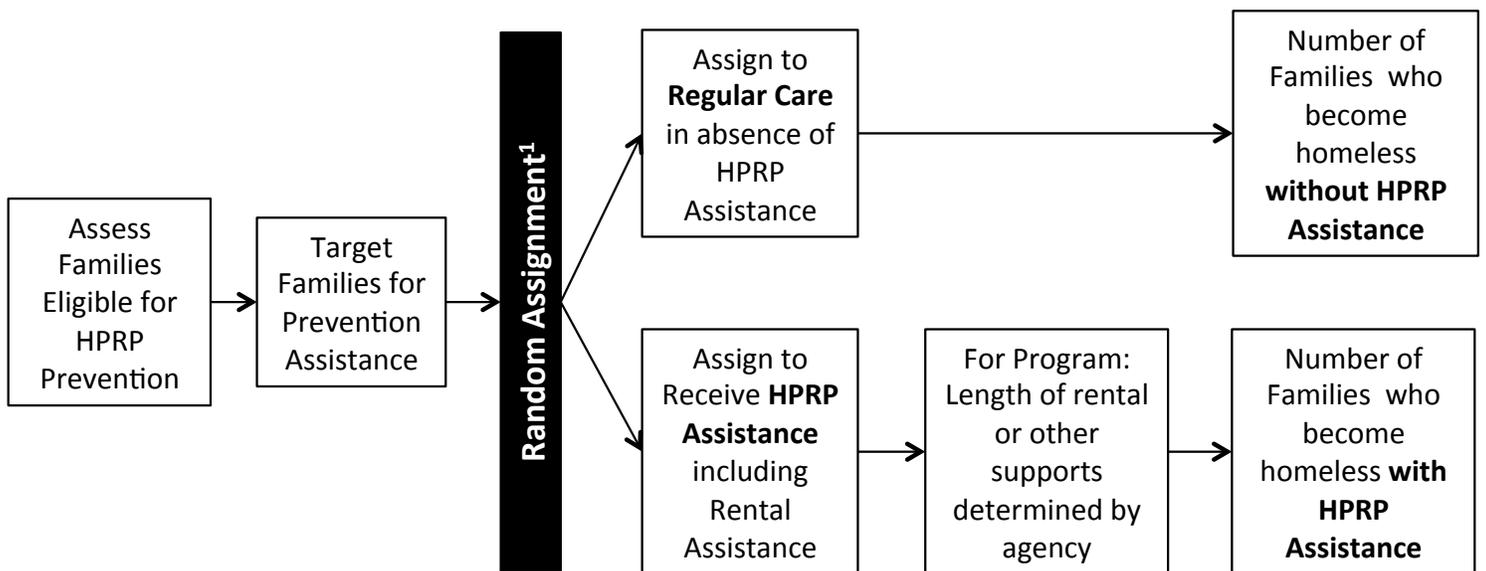
Scope: Communities across the Wasatch Front; approximately 400 families enrolled.

Duration: Enroll participants for 6-8 months beginning in Fall 2011 and follow-up with all participants 12 months after enrollment period.

Study administration: A group of researchers will coordinate random assignments, study design and research staff will input all data into HMIS and conduct follow-up.

Agency responsibility: Once eligible and targeted groups have been identified based on agreed upon targeting criteria, each agency must allow for random assignment of clients (unless randomization occurs after primary selection). Once clients are placed agencies should administer programs as appropriate including length of subsidy, supportive services, and conducting reassessments.

Participant rights: Each potential participant receives the informed consent and has the right to refuse. The entire study design must be approved by an ethics panel called an Institutional Review Board (IRB), which ensures that persons are not unnecessarily deprived of services or exploited for research purposes.



1. Random Assignment allows for two equivalent groups of people with similar situations in terms of disabling conditions, family circumstances, income, etc. so that study can tell if homelessness was prevented by the program itself or a family's circumstances.

Appendix I—Study Documents

B. Survey questions for recruitment of programs

Utah HPRP Prevention Study: Randomized Trial

Proposal—August 2010

Informal questions for agencies

1. How many people approach your agency for help (regardless of whether they are eligible)? Has this rate changed over time or is it consistent?
2. Of all the families seeking assistance, who do you ultimately assess for the HPRP program?
3. How many families do you serve per month?
4. How many families do you turn away? Why? Do they return? Do you collect any information from them?
5. What funding sources other than HPRP do you use to help families who are at risk of becoming homeless?
6. Are there barriers for using HPRP in your community (such as a lack of housing or restrictions on placing clients in housing due to criminal background)?
7. What percent of those who are eligible do you target for the program?
8. What is your targeting criteria? Has this changed over time?
9. What would you consider a typical family profile for the following:
 - a. Low risk family
 - b. Medium risk family
 - c. High risk family
10. How often do you serve the types of families previously described with HPRP?
11. How much of your placement is based on targeting criteria, program capacity, and funding?
12. How many people are typically on the program at one time?
13. What type of assessment form do you use (could we have a copy)? Any additional questions or considerations besides what HUD outlines in the program guidelines?
14. How much awareness is there in the community for your program? How many referrals do you receive from other community providers?
15. Who are your service partners?
16. How do you run the program once families are placed?
 - a. Case management (intensity/caseload)—Are these new CM or from other programs within the agency?
 - b. Length of subsidy

Appendix I—Study Documents

C. Public information announcement

Utah Department of Workforce Services Housing and Community Development Division
and the Urban Institute

May 2011

Introduction

Housing and Community Development (HCD), in conjunction with other Utah grantees, is interested in creating a more effective homeless prevention program by using research to elucidate the factors that predict homelessness and ultimately the effectiveness of programs to prevent and reduce homelessness in our state.

Understanding the difficult nature of determining the effectiveness of prevention programs and the limited funds relative to the local need, we have elected to conduct a randomized trial of prevention assistance through the Homeless Prevention and Rapid Re-housing (HPRP) program with two agencies serving four counties in Utah have agreed to participate. HCD is working with Dr. Martha Burt of the Urban Institute to implement a study design that acknowledges the difficulties of proving prevention and uses random assignment to give us confidence that the results we obtain can be attributed to the HPRP prevention intervention. We expect to be able to extrapolate these results to help shape homeless prevention programs in other settings.

The study methods begin May 9th and will include a random assignment of 400 households for case management and other usual care services or case management with the possibility of a rental subsidy. All households will be informed of the study and its purpose and asked whether they are willing to participate. The study will then follow-up with those families 12 months later to interview all participating households to learn about their experiences since receiving community services.

Justification

A randomized study of a vulnerable population can be concerning. However, a randomized trial is the best way to assess the effectiveness of homeless prevention programs such as HPRP. HPRP is not an entitlement program, and the amount of available resources is not enough to serve everyone who needs assistance and would be eligible. This is why it is important to determine how these scarce resources can be used most effectively. In addition, because we are targeting harder-to-serve households, the study will open up services to families who might not otherwise have received assistance.

Any questions or concerns can be directed to the HCD:

Housing and Community Development

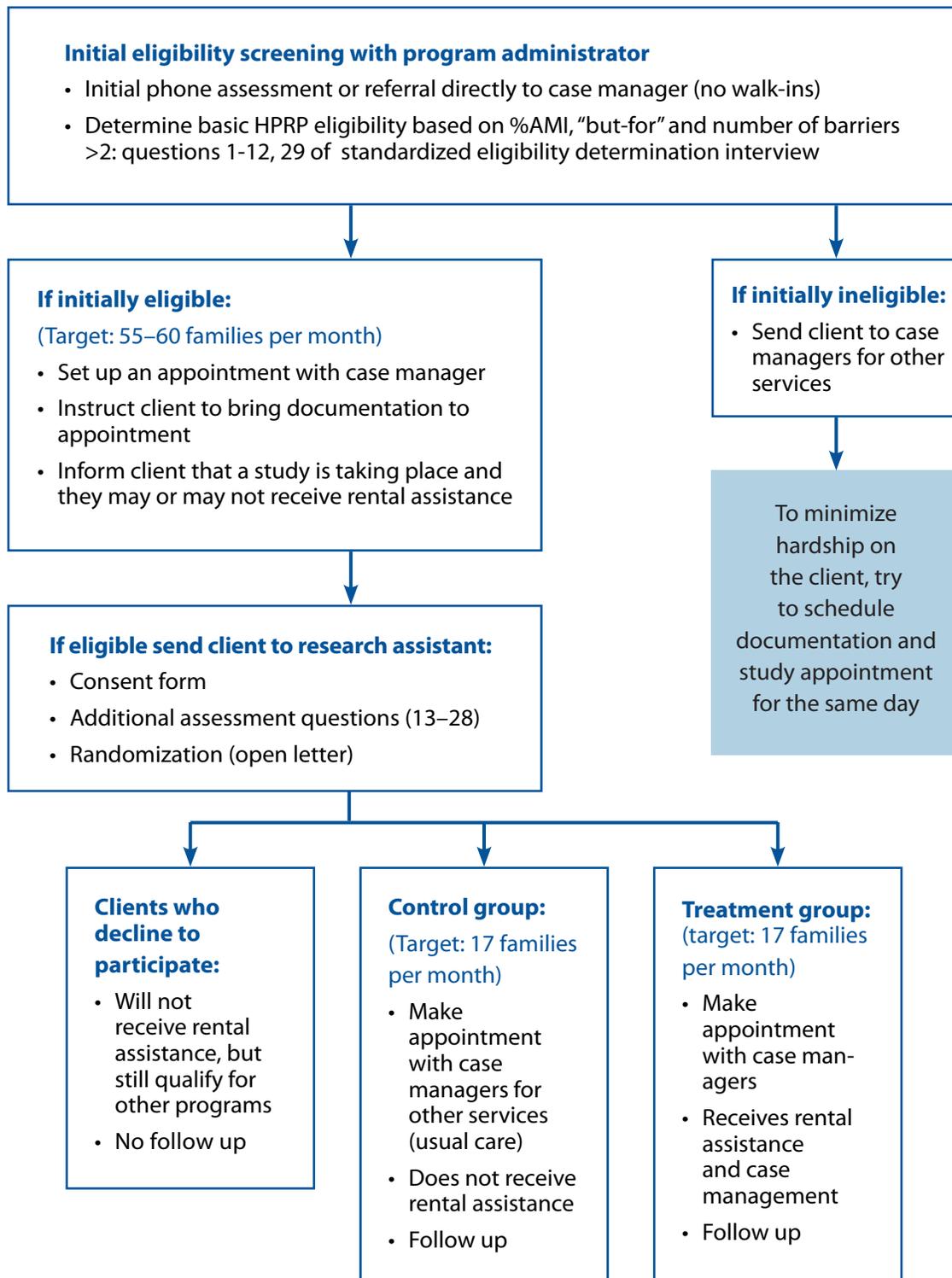
Address

Local Study Administrator Name, Phone and Email

Appendix I—Study Documents

D. Program workflows

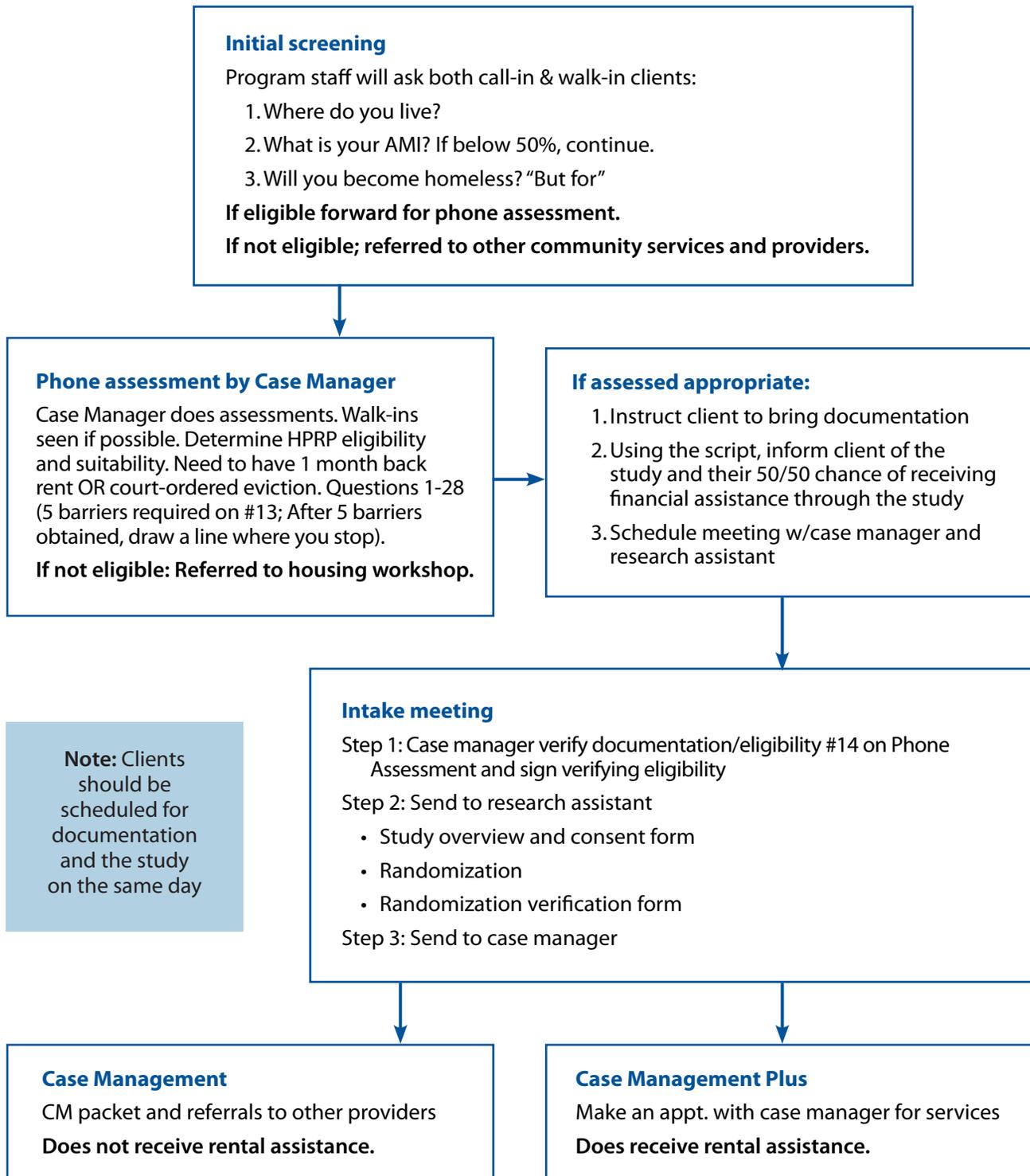
Utah HPRP Prevention Study: SLCAP Workflow



Appendix I—Study Documents

D. Program workflows

Utah HPRP Prevention Study: CCS Workflow



Appendix I—Study Documents

E. Informed consent form

Introduction and Consent Form—RA Group

Hello, my name is _____ and I represent Housing and Community Development (HCD) (Show interviewer identification). I am here to ask you to participate in a study of homelessness prevention services for Utah families.

The study will determine whether providing families facing homelessness with short-term rental assistance and help connecting to community resources and benefits lets them stabilize their housing and avoid becoming literally homeless. To answer this question, the study will select eligible families using a computer lottery system and then interview families 12 months from now, to learn about your experiences with housing, employment, social services, and social support.

I am asking for your consent to be interviewed once, 12 months from now, and to allow the research staff to collect data from the database that records your screening/assessment today by _____ agency and your use of homeless services via the Utah Homeless Management Information System.

At the end of the screening/assessment today, you may be selected to receive short-term rental assistance as part of a homeless prevention program that you are eligible for. A computer lottery will determine whether you will receive this assistance, I don't know whether you will be selected. If you don't get a special offer, you can still receive other services that this agency provides or other community resources available. Of course, you don't have to take this assistance.

If you decide not to join, you won't be able to receive the short-term rental assistance as part of the homeless prevention program that is part of this study, but it will not affect your eligibility for other housing or services that may be available in [name of community].

Three things are important to understand:

1. You do not have to participate. Your decision on participating in this study will not affect any of the services you will receive through _____ agency.
2. You may stop participating in the study any time without affecting the services you receive.
3. I will be asking you for information that will let us contact you in 12 months—that is, names, phone numbers, and addresses for yourself and for at least two other people who will always know where you are. We are asking to contact you later regardless of whether you are selected for this program. You will be given \$30 as a way of thanking you for the time needed to complete the interview.

If you agree, someone from the study team will be contacting you about 12 months from now and will ask you some questions about your experiences with housing, employment and social services use and social support during the year. That interview will take about 1 hour of your time. We expect to make this contact by phone, but if that is not possible for you at the time, we may want to arrange to meet you in person.

If you participate, we promise you the following things:

1. Confidentiality—everything you tell us during the interview a year from now and all information collected from the homeless system database will be kept in strictest confidence. Only the people doing the research will see any information that identifies you personally. Your name will never be

Appendix I—Study Documents

E. Informed consent form (continued)

Introduction and Consent Form—RA Group

used in any report. The answers you provide during an interview will be combined with answers from many individuals and used to produce group statistics for this study and may be used in other studies.

Everyone who works on this study has signed a Pledge of Confidentiality requiring them not to tell anyone outside the research staff anything you tell me during an interview. The only exception is if you tell the interviewer about your intention to harm yourself or commit a specific crime against someone else it may have to be reported.

Your responses are protected by a Federal Certificate of Confidentiality from ever being given to anyone other than research staff.

2. Voluntary Participation—you may refuse to answer any questions. You may stop the interview at any time.
3. If you have any questions about the study, you can call collect to [HCD local administrator name and contact information provided].

Interviews such as the one we are asking you to participate in will help us here in Utah to design the best possible system to prevent families from becoming homeless. You have the benefit of knowing you are helping with this study and contributing to programs that may help others in your situation. There are no substantial risks to participation.

So we are able to contact and interview you next year, we asking you to give us names and contact information of people who can help us get in touch with you. Providing this information is voluntary.

I have read you all this because I want you to understand what I mean when I promise you confidentiality. Do you have any questions?

I am signing this form to show that I have read you this information and have promised confidentiality. Then I'd like you to sign this form to show that I have explained this information to you and you agree to be interviewed.

Interviewer's Signature and Date

I consent to participate in this study. I understand that my participation is voluntary and will not affect how my case is handled or the services I receive. I understand that I can stop participating at any time or refuse to answer questions in any interview.

Name _____ (Please print)

Signature _____ Date _____

Written consents—Participation in interviews

I, _____, am willing to participate in a study about how homeless

Appendix I—Study Documents

E. Informed consent form (continued)

Introduction and Consent Form—RA Group

prevention programs help the families that use them. I know that Housing and Community Development (HCD) will use the contact information I provide only for the purposes of reaching me for an interview, after which it will be destroyed.

Signature _____ Date _____

Permission to allow HCD to find me, in case the interviewer and I lose touch between interviews.

I, _____, give my permission to have the study director try to find me, in case she loses contact with me between interviews. I know that HCD will use the information from this database only for the purposes of reaching me for an interview, after which HCD will destroy its copies of the information.

Signature _____ Date _____

Permission to Search my community's homeless programs' database to find me, in case the interviewer and I lose touch between interviews

I, _____, give my permission to have the study director search my local community's homeless programs database to try to find me, in case she loses contact with me between interviews. I know that the HCD will use the information from this database only for the purposes of reaching me for an interview, after which HCD will destroy its copies of the information.

Signature _____ Date _____

Permission to review information about me in [SITE] files

I, _____, give my permission to have study director review information in [SITE]'s files on me and my family taken from my intake interview and other information that [SITE] may have learned about me from time to time. The information will be similar to the questions I will be asked on the research interviews. I know that HCD will use the information on me from [SITE]'s files only for research purposes, and will maintain strict confidentiality at all times with respect to it.

Signature _____ Date _____

Can we please have the telephone numbers of three people who will always know where to find you? First please give me your own contact information. Then give me information of the person who is most likely to know where you are and that you are comfortable with us contacting (for example, a friend or relative). Also give me two more contacts who are very likely to know where you are. Any of these contacts could be someone at [SITE] that you are close to. If you are using an alias, please let the other contacts you provide know that you have done so.

Your contact information:

Appendix I—Study Documents

E. Informed consent form (continued)

Introduction and Consent Form—RA Group

Name: _____

Telephone number: _____

Other number (e.g. cellphone): _____

When are the best times to contact you (time of day, day of the week, etc.)?

Comments (Are there any safety precautions you would like to add?):

Other contact #1:

Name: _____

Relationship: _____

Telephone number: _____

When are the best times to contact you through this contact person? Can HCD leave messages for you at this number? With whom?

Comments (Are there any safety precautions you would like to add?):

Other contact #2:

Name: _____

Relationship: _____

Telephone number: _____

When are the best times to contact you through this contact person? Can HCD leave messages for you at this number? With whom?

Comments (Are there any safety precautions you would like to add?):

Appendix I—Study Documents

E. Informed consent form (continued)

Introduction and Consent Form—RA Group

Other contact #3 (optional):

Name: _____

Relationship: _____

Telephone number: _____

When are the best times to contact you through this contact person? Can HCD leave messages for you at this number? With whom?

Comments (Are there any safety precautions you would like to add?):

Appendix I—Study Documents

F. Standardized eligibility determination interview

Screening date: _____ Staff: _____
 Referral Source: Self Community provider: _____ School district: _____

First name: _____ Middle: _____ Last name: _____ Suffix: _____
 Date of birth: _____ Full DOB reported Partial or approximate DOB reported Don't know Refused
 UHMIS record? Yes No Sought homeless prevention from this agency before? Yes No
 What is your current address?
 Street address: _____ Apt # _____
 Phone number: (____) ____-____ City: _____ State: ____ Zip: _____

1. What is your total household monthly income? \$ _____
 v If no income: i. Months without any income: _____ ii. Source of previous income: _____
 b. Rent per month: _____

Staff Entry Only

1-15% AMI (< ____\$) 16-30% AMI (____-____\$) 31-50% AMI (____-____\$) 51% or more AMI (> ____\$)

2. What is your household size (those living together now)? \$ _____

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Age										
Sex										

3. Where did you stay last night or prior to program entry? (Select one)

<input type="checkbox"/>	a. Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>	l. Owned by client, with housing subsidy
<input type="checkbox"/>	b. Places not meant for habitation (outside, car, park etc.)	<input type="checkbox"/>	m. Foster care home or foster care group home
<input type="checkbox"/>	c. Hotel or motel paid for by applicant or friend/family	<input type="checkbox"/>	n. Hospital (non psychiatric)
<input type="checkbox"/>	d. Transitional housing for homeless persons	<input type="checkbox"/>	o. Psychiatric hospital or other psychiatric facility

Appendix I—Study Documents

F. Standardized eligibility determination interview (continued)

<input type="checkbox"/>	e. Permanent housing for formerly homeless persons	<input type="checkbox"/>	p. Substance abuse treatment facility or detox center
<input type="checkbox"/>	f. Staying or living in a family member's room, apt. or house i. Does family own or rent? _____ ii. OK to stay two more weeks? YES or NO iii. Do you pay any rent? YES or NO	<input type="checkbox"/>	q. Jail, prison, or juvenile detention facility
<input type="checkbox"/>	g. Staying or living in a friend's room, apartment or house i. Do friends own or rent? _____ ii. OK to stay two more weeks? YES or NO iii. Do you pay any rent? YES or NO	<input type="checkbox"/>	r. Safe haven
<input type="checkbox"/>	h. Rental by client, no housing subsidy	<input type="checkbox"/>	s. Other: _____
<input type="checkbox"/>	i. Rental by client, with other (non-VASH) housing subsidy	<input type="checkbox"/>	t. Client does not know
<input type="checkbox"/>	j. Rental by client, with VASH housing subsidy	<input type="checkbox"/>	u. Client refused to provide
<input type="checkbox"/>	k. Owned by client, no housing subsidy		

4. How long have you stayed at the place where you stayed last night or prior to program entry? (Select one)

<input type="checkbox"/>	a. 1 week or less	<input type="checkbox"/>	e. 1 year or longer
<input type="checkbox"/>	b. More than 1 week, but less than 1 month	<input type="checkbox"/>	f. Client does not know
<input type="checkbox"/>	c. 1 to 3 months	<input type="checkbox"/>	g. Client refused to provide
<input type="checkbox"/>	d. More than 3 months but less than 1 year		

5. If where you stayed last night was in jail, substance abuse treatment, hospital, psychiatric facility, or foster care setting, were you in shelter or on the streets prior to going to one of these places?

Yes No Don't know Refused to answer

6. Which of the following best describes your current housing situation? (Select one)

<input type="checkbox"/>	a. I am in a shelter, transitional housing, or in a place not meant for habitation (outside, vehicle, streets, etc)	<input type="checkbox"/>	h. I am being evicted from a private dwelling unit (including housing provided by family or friends)
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Appendix I—Study Documents

F. Standardized eligibility determination interview (continued)

<input type="checkbox"/>	b. I am in a serious conflict situation with the people I live with that impacts my ability to remain housed	<input type="checkbox"/>	i. I am being evicted from a public housing dwelling unit
<input type="checkbox"/>	c. I am living in housing that has been condemned by housing officials and is no longer considered meant for human habitation	<input type="checkbox"/>	j. I have a severe cost burden in housing I am renting (my household spends more than 50% of income for housing costs)
<input type="checkbox"/>	d. I am living in rental housing that is in foreclosure	<input type="checkbox"/>	k. I am living in a hotel or motel using my own resources to stay there
<input type="checkbox"/>	e. There are other conditions negatively impacting my ability to remain housed Specify: _____	<input type="checkbox"/>	l. I am living in a stable housing situation and not at risk of losing this housing at this time
<input type="checkbox"/>	f. Don't know	<input type="checkbox"/>	m. Refused to answer
<input type="checkbox"/>	g. I am being discharged from a hospital or other institution (jail, psychiatric facility, substance abuse treatment center, foster care home or group home)		

7. Are you escaping a domestic violence situation (physical abuse or threat of violence by a person you are romantically involved with, such as a spouse, boy/girl friend or partner)?

Yes No Don't know Refused to answer

8. Are you being evicted, discharged or otherwise notified that you are imminently losing this housing?

Yes: - how soon? _____ # months past due? _____ No Don't know Refused to answer

9. What is the main reason for your current housing crisis? (Select one)

Divorce Job loss Death of a family member
 Medical problem/health crisis Legal problems/incarceration Substance abuse problems
 Loss of income or benefits Other _____ Refused to answer

Staff Entry Only

10. Summary of household's housing status:

Literally homeless Imminently homeless or at risk of homelessness Unstably housed
 Stably housed Don't know

Appendix I—Study Documents

F. Standardized eligibility determination interview (continued)

11. Does your household have the financial resources and support networks needed to retain permanent housing or to obtain temporary or permanent housing? (Please indicate in table)

Resources	Degree of financial or housing support				
	Not accessible	Unable to assist	Short-term	As long as needed	Had not considered
a. Family	Not accessible	Unable to assist	Short-term	As long as needed	Had not considered
b. Friends/neighbors	Not accessible	Unable to assist	Short-term	As long as needed	Had not considered
c. Community members (e.g. church)	Not accessible	Unable to assist	Short-term	As long as needed	Had not considered
d. Public resources (e.g. Food Stamps)	Not accessible	Unable to assist	Short-term	As long as needed	Had not considered

Staff Entry Only

Overall impression Yes No Don't know Refused to answer

Staff Entry Only

If 1. is < 50% AMI, 10. is Literally or at Risk of Homelessness, & 11. is overall a No then proceed with this survey. (If conditions not met, refer to other services and mark "Other assistance" on last page of application)

12. Household is Homeless Prevention eligible: Yes No Don't know

Proceed ONLY if household is homeless prevention eligible (see #12).

13. What is your gender?

Male Trans-gender—female to male Other
 Female Trans-gender—male to female Don't know Refused to answer

14. Are you of Hispanic ethnicity? Yes No Don't know Refused to answer

15. What is your primary race?

White Black/African-American American Indian/Alaskan Native Asian
 Native Hawaiian/Pacific Islander Other, multi-racial Don't know Refused to answer

Appendix I—Study Documents

F. Standardized eligibility determination interview (continued)

16. What is your marital status?

- Single, never married Married Cohabiting or living with a significant other Widowed
 Separated or divorced Don't know Refused to answer

17. Have you ever served in the U.S. Armed Forces? Yes No Don't know Refused to answer

If YES, were you honorably discharged? Yes No Don't know Refused to answer

18. Highest level of education completed?

- Less than high school High school/GED Some college
 Associates Degree Bachelors Degree or Higher Don't know Refused to answer

19. Have you received income from any of these sources in the last 30 days? (Record monthly \$ for all that apply)

- \$___ Employment \$___ Pension \$___ SSI/SSDI \$___ GA \$___ Friends
 \$___ Unemployment \$___ Workers Comp \$___ VA \$___ Child Support \$___ Family
 \$___ Social Security \$___ TANF \$___ Alimony \$___ Other Refused to answer

20. Have you used any of the following services in the past 30 days? (Select all that apply)

- Psychiatric/mental health care Housing assistance Community Health Center (sliding scale)
 Substance abuse care Emergency room Job assistance/Vocational Rehab
 Legal assistance Financial counseling Don't know
 Refused to answer

21. Have you received any of the following supports or benefits in the past 30 days? (Select all that apply)

- WIC (N/A) Veterans Health Care (N/A) State Children's Health Insurance (N/A)
 Food Stamps (N/A) School Lunch Program (N/A) Medicare/Medicaid (N/A) Refused to answer

22. Have you ever been homeless (stayed in a shelter or place not meant for habitation)?

- Yes No Don't know Refused to answer

a. If Yes, when were you last homeless? _____ For how long? _____

b. If Yes, were you ever homeless as a child? (17 or younger) Yes No Don't know Refused

i. If Yes, were you with your parents or on your own?

- With parent On own Don't know Refused

23. Where was the apartment, room or house of your last permanent address where you lived for 90 days or more?

a. Street address: _____ City: _____ State: _____ Zip: _____

Appendix I—Study Documents

F. Standardized eligibility determination interview (continued)

Staff Entry Only:

Full zip code reported Partial zip code reported Don't know Refused

b. How long did you live there? _____ (months or years)

24. How many times have you moved in the last 90 days? _____ Don't know Refused

25. When did you last work for pay?

Currently employed _____ (months or years) Never Don't know Refused

26. How would you describe your employment history (taxed income) in the last year?

- Always employed full-time Usually employed full-time Rarely employed
 Always employed at least part-time Usually employed at Least part-time Never employed
 Usually working two or more full or part-time jobs simultaneously Don't know
 Refused

27. What kind of work do you do? _____ Don't know Refused

28. How long have you been at your current job? ____ days ____ months ____ years Don't know Refused

29. Do any of the following characteristics apply to you? (Check all that apply)

<input type="checkbox"/>	a. Extremely low income (less than 15% AMI)
<input type="checkbox"/>	b. Sudden or significant loss of income (loss of employment or benefits within past 90 days)
<input type="checkbox"/>	c. Young head of household (under 25) with <input type="checkbox"/> minor children and/or <input type="checkbox"/> pregnant
<input type="checkbox"/>	d. Single-parent family i. Recently divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<input type="checkbox"/>	e. Large family (6+ members)
<input type="checkbox"/>	f. Wages garnished for child support (50% or more)
<input type="checkbox"/>	g. Current or past involvement with child welfare
<input type="checkbox"/>	h. Been in foster care
<input type="checkbox"/>	i. Recent traumatic life event, such as death of spouse or care giver or recent health crisis that prevented household from meeting financial obligations
<input type="checkbox"/>	j. Significant amount of medical debt (more than \$5,000)

Appendix I—Study Documents

F. Standardized eligibility determination interview (continued)

<input type="checkbox"/>	k. Credit problems that hinder obtaining housing
<input type="checkbox"/>	l. Homeless (stayed in shelter or place not meant for habitation) in past 12 months
<input type="checkbox"/>	m. Homeless more than once in last 2 years
<input type="checkbox"/>	n. Past institutional care (ever more than 30 consecutive days in prison, treatment facility, or hospital)
<input type="checkbox"/>	o. Physical, mental, emotional or developmental disability, HIV/AIDS, or a diagnosable substance abuse problem (Must also be of long duration and substantially limit your ability to work or live on your own).
<input type="checkbox"/>	p. Criminal record <ul style="list-style-type: none"> <input type="checkbox"/> i. Recent serious criminal activity (Circle: controlled substances, sex offense, violence or larceny) <input type="checkbox"/> ii. Felony convictions on record
<input type="checkbox"/>	q. Poor rental history <ul style="list-style-type: none"> <input type="checkbox"/> i. No rental history (household head has never signed a lease in their name) <input type="checkbox"/> ii. Previous evictions due to criminal activity or damaged property <input type="checkbox"/> iii. Previous evictions due to non-payment
<input type="checkbox"/>	r. Behavior problems in the family
<input type="checkbox"/>	s. New to the area
<input type="checkbox"/>	t. Refugee
<input type="checkbox"/>	u. None selected
<input type="checkbox"/>	v. Refused to answer

Staff Entry Only

If literally homeless refer to **Homeless Rapid Re-Housing Program**

If all of the following conditions are met refer to **Homeless Prevention Program**: (Program Discretion)

- Household income < ___% AMI (question 1)
- Imminently or at risk of homelessness (question 10)
- No other financial or social support to maintain appropriate permanent housing (question 11)
- At least ___# of the characteristics in question 29 are selected

Appendix I—Study Documents

F. Standardized eligibility determination interview (continued)

Staff Entry Only

If person/s do not meet conditions for Homeless Prevention or Rapid Re-housing program then refer to other eligible programs for assistance.

Program referral: Rapid re-housing Homeless Prevention Other assistance

RA staff: Signed consent form: Yes No

Random assignment: Rental assistance Regular care

<p>Appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Program: _____</p> <p>Date/time: _____</p> <p>Case manager: _____</p>	<p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Appendix I—Study Documents

G. Study follow-up interview (continued)

Interview date: _____ RA staff: _____ Client study ID: _____

Contents:

- Introduction
- Section I: Current housing status
- Section II: Past housing and residential history
- Section III: Income and income sources
- Section IV: Employment
- Section V: Family composition
- Section VI: Social support
- Section VII: Public service utilization
- Section VIII: Health
- Section IX: Evaluation of services received

Introduction

Thank you for allowing us to follow-up with you to see how you are doing since you first received assistance from _____ Agency about one year ago. Just to remind you a little about the study you are participating in, I work for the Utah State Community Services Office. We are helping the U.S. Department of Housing and Urban Development to do a study to find out if certain types of services help families avoid becoming homeless. One of the things we are asking families who participate in the study to do is to answer questions for a survey to help us learn more about the kinds of experiences families have and the kinds of assistance that are most helpful to them. This survey will take about one hour to complete. You can stop the interview at any time and you can choose not to answer any question. The information you provide will be kept confidential and only will be used for this study. The collection of this information has been approved by the Urban Institute. At the end of the interview, you will be paid \$30 in appreciation for your time.

Section I: Current housing status

1. What is the address where you are currently living?

Street address: _____ Apt # _____

Phone number: (____) ____-____ City: _____ State: _____ Zip: _____

1. How would you describe where you are currently living? (Select one)

<input type="checkbox"/>	a. Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>	l. Owned by client, with housing subsidy
<input type="checkbox"/>	b. Places not meant for habitation (outside, car, park etc.)	<input type="checkbox"/>	m. Foster care home or foster care group home
<input type="checkbox"/>	c. Hotel or motel paid for by applicant or friend/family	<input type="checkbox"/>	n. Hospital (non psychiatric)

Appendix I—Study Documents

G. Study follow-up interview (continued)

<input type="checkbox"/>	d. Transitional housing for homeless persons	<input type="checkbox"/>	o. Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	e. Permanent housing for formerly homeless persons	<input type="checkbox"/>	p. Substance abuse treatment facility or detox center
<input type="checkbox"/>	f. Staying or living in a family member's room, apartment or house i. Does family own or rent? _____ ii. OK to stay two more weeks? Yes or No iii. Do you pay any rent? Yes or No	<input type="checkbox"/>	q. Jail, prison, or juvenile detention facility
<input type="checkbox"/>	g. Staying or living in a friend's room, apartment or house i. Does family own or rent? _____ ii. OK to stay two more weeks? Yes or No iii. Do you pay any rent? Yes or No	<input type="checkbox"/>	r. Safe Haven
<input type="checkbox"/>	h. Rental by client, no housing subsidy	<input type="checkbox"/>	s. Other: _____
<input type="checkbox"/>	i. Rental by client, with other (non-VASH) housing subsidy	<input type="checkbox"/>	t. Client does not know
<input type="checkbox"/>	j. Rental by client, with VASH housing subsidy	<input type="checkbox"/>	u. Client refused to provide
<input type="checkbox"/>	k. Owned by client, no housing subsidy		

3. How long have you stayed at the place where you are currently living?

<input type="checkbox"/>	a. 1 week or less	<input type="checkbox"/>	e. 1 year or longer
<input type="checkbox"/>	b. More than 1 week, but less than 1 month	<input type="checkbox"/>	f. Client does not know
<input type="checkbox"/>	c. 1 to 3 months	<input type="checkbox"/>	g. Client refused to provide
<input type="checkbox"/>	d. More than 3 months but less than 1 year		

4. If where you stayed last night was in jail, substance abuse treatment, hospital, psychiatric facility, or foster care setting, were you in shelter or on the streets prior to going to one of these places?

Yes No Don't know Refused to answer

5. Which of the following best describes your current housing situation? (Select one)

<input type="checkbox"/>	a. I am in a shelter, transitional housing, or in a place not meant for habitation (outside, vehicle, streets, etc)	<input type="checkbox"/>	h. I am being evicted from a private dwelling unit (including housing provided by family or friends)
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Appendix I—Study Documents

G. Study follow-up interview (continued)

Doubled up with family or friends			
In a hotel or motel			
In a shelter			
In your car or other place not meant for habitation			
Hospital or treatment facility			
Other: _____			
Refused			
Don't know			

11. Where was the 1st place you moved to in an apartment, room or house since you were last interviewed (if different from where you currently live)?

Street address: _____ Apt # _____

City: _____ State: _____ Zip: _____

12. What was your living situation there?

<input type="checkbox"/>	a. Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>	l. Owned by client, with housing subsidy
<input type="checkbox"/>	b. Places not meant for habitation (outside, car, park etc.)	<input type="checkbox"/>	m. Foster care home or foster care group home
<input type="checkbox"/>	c. Hotel or motel paid for by applicant or friend/family	<input type="checkbox"/>	n. Hospital (non psychiatric)
<input type="checkbox"/>	d. Transitional housing for homeless persons	<input type="checkbox"/>	o. Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	e. Permanent housing for formerly homeless persons	<input type="checkbox"/>	p. Substance abuse treatment facility or detox center
<input type="checkbox"/>	f. Staying or living in a family member's room, apartment or house i. Does family own or rent? _____ ii. OK to stay two more weeks? Yes or No iii. Do you pay any rent? Yes or No	<input type="checkbox"/>	q. Jail, prison, or juvenile detention facility

Appendix I—Study Documents

G. Study follow-up interview (continued)

<input type="checkbox"/>	g. Staying or living in a friend's room, apartment or house i. Does family own or rent? _____ ii. OK to stay two more weeks? Yes or No iii. Do you pay any rent? Yes or No	<input type="checkbox"/>	r. Safe haven
<input type="checkbox"/>	h. Rental by client, no housing subsidy	<input type="checkbox"/>	s. Other: _____
<input type="checkbox"/>	i. Rental by client, with other (non-VASH) housing subsidy	<input type="checkbox"/>	t. Client does not know
<input type="checkbox"/>	j. Rental by client, with VASH housing subsidy	<input type="checkbox"/>	u. Client refused to provide
<input type="checkbox"/>	k. Owned by client, no housing subsidy		

13. How long did you stay there?

- 1 week or less
 More than 1 week, but less than 1 month
 1 to 3 months
 More than 3 months but less than 1 year
 1 year or longer
 Refused
 Don't know

14. What was the main reason why you left that location?

- Found better living situation
 Not enough income to pay rent
 Eviction due to lease violation
 Serious conflict situation
 Crisis such as divorce, death, job loss or legal or health problems
 Property foreclosed
 Property condemned
 Area does not support transportation needs
 Area does not support childcare needs
 Area does not support employment needs
 Wanted own place and was living with family or friends
 Other _____
 Refused to answer
 Don't know

15. Where was the last place you lived where you felt most stable but had to leave for a negative reason?

Street address: _____ Apt # _____

City: _____ State: _____ Zip: _____

16. When was this? _____(mm,yy)

17. How long did you live there?

- 1 week or less
 More than 1 week, but less than 1 month
 1 to 3 months
 More than 3 months but less than 1 year
 1 year or longer
 Refused
 Don't know

18. What was the main reason why you left that location?

- Found better living situation
 Not enough income to pay rent
 Eviction due to lease violation

Appendix I—Study Documents

G. Study follow-up interview (continued)

n. Family Employment Program (FEP)		
o. Alimony		
p. Other _____		
q. Refused to answer		
r. Don't know		

22. How many people in your household contribute income from any source? ____

23. During the last year (since you were last interviewed) roughly what was the total combined income before taxes from all sources that your household received?

Dollar amount \$ _____ Refused Don't know

Section IV: Employment

24. When did you last work for pay?

Currently Employed Was employed _____ months or years ago Never employed
 Refused Don't Know

25. If currently employed, how long have you been at your current job? ____ days ____ months ____ years

26. If currently employed, do you have more than one job, including part-time and weekend work?

Yes No Refused Don't know

27. About how many hours per week do you usually work at your main job?

Number of hours _____ Not currently employed Refused Don't know

28. What kind of work do you do (if unemployed)? _____

29. How would you describe your employment history (taxed income) since you were last interviewed?

Always employed full-time Always employed at least part-time
 Usually employed full-time Usually employed at least part-time
 Rarely employed Never employed
 Usually working two or more full or part-time jobs simultaneously
 Refused Don't know

Appendix I—Study Documents

G. Study follow-up interview (continued)

30. Have you found a new job or changed jobs since we last interviewed you?

- Yes No Refused Don't know

31. If you are not currently working for pay—What is the main reason that you did not work for pay?

- Unable to work because of housing problems Unable to work for health reasons
 Has a job but temporarily absent/seasonal work Couldn't find any work
 Child care problems Family responsibilities
 In school or other training Waiting for a new job to begin
 Responsible for care of family member with a disability Retired
 Disabled Other _____
 Refused Don't know

32. Do you have a disability, which could include either a physical, emotional, or mental health condition, that limits or prevents you from working at a job for pay?

- Yes No Refused Don't know

33. Are you responsible for caring for a family member (child or adult) who has a disability?

- Yes No Refused Don't know

Section V: Family

34. What is your marital status?

- Single, never married Married Cohabiting or living with a significant other Widowed
 Separated or divorced Don't know Refused to answer

35. How many people are living with you currently? _____

36. Please answer the following questions about each person:

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Age										
Sex										
Relationship to you										
Ever not lived with you?										
Currently working for pay?										

Appendix I—Study Documents

G. Study follow-up interview (continued)

Are they disabled?										
What is their disability?										
Currently attending school?										

37. Do you have a spouse, partner, or significant other not living with you?

Yes No Don't know Refused to answer

38. Do any of your children younger than 18 who are part of your family not live with you?

Yes No Don't know Refused to answer

39. Has your household size changed since we first interviewed you?

Yes No Don't know Refused to answer

40. How has your household changed? _____

41. Has anyone in your family apart from you (parents, aunts, uncles) experienced homelessness when they had to live in a shelter, car or place not meant for people to live?

Yes No Don't know Refused to answer

Section VI: Social Support

34. What is your marital status?

Single, never married Married Cohabiting or living with a significant other Widowed
 Separated or divorced Don't know Refused to answer

42. Please describe your social support in terms of the following:

	# of Friends or Family Members who can help	How close are those people who can support you in that way?					
Child care		Same neighborhood	Same city	Same county	Not close enough	Refused	Don't know
Transportation		Same neighborhood	Same city	Same county	Not close enough	Refused	Don't know
Financial support		Same neighborhood	Same city	Same county	Not close enough	Refused	Don't know
Basic needs—e.G. Food, clothing		Same neighborhood	Same city	Same county	Not close enough	Refused	Don't know

Appendix I—Study Documents

G. Study follow-up interview (continued)

Section VII: Social Support

43. Have you used any of the following services in the past 30 days?

	Needed? (Y/N)	Received in last 30 days? (Y/N)
Psychiatric/mental health care		
Housing assistance		
Community Health Center (sliding scale)		
Substance abuse care		
Emergency room		
Job assistance/Vocational Rehab		
Legal assistance		
Financial counseling		
Refused to answer		
Don't know		

44. Have you received any of the following supports or benefits in the past 30 days?

	Eligible? (Y/N)	Received supports? (Y/N)
Women Infant Children (WIC) services		
Veterans Health Care		
State children's health insurance		
Food Stamps		
School lunch program		
Medicare		
Medicaid		
Refused to answer		
Don't know		

Appendix I—Study Documents

G. Study follow-up interview (continued)

Section VIII: Social Support

45. Overall, how would you rate your health during the past month (or the last 30 days)?

Excellent Very good Good Fair Poor Refused Don't know

46. (If female): Are you currently pregnant?

Yes No Refused Don't know

47. Have you ever been diagnosed with a mental health, learning or emotional disorder?

Yes No Refused Don't know

48. Do you have any of the following medical conditions?

- Diabetes
- Anemia
- High blood pressure
- Heart disease
- Stroke
- Problems with your liver
- Arthritis, rheumatism, joint problems
- Chest infection, cold, cough, bronchitis
- Pneumonia
- Tuberculosis
- Cancer
- Problems walking, a lost limb, or other mobility impairment
- Gonorrhea, Syphilis, Herpes, Chlamydia, other STD (not AIDS)
- HIV positive
- Have AIDS
- Use drugs intravenously
- Other: _____

49. Have you ever sought treatment, wanted to seek treatment, or been asked to seek treatment for substance abuse of alcohol or illicit drug use?

Yes No Refused Don't know

Appendix I—Study Documents

G. Study follow-up interview (continued)

Section IX: Evaluation of Services Received

45. Overall, how would you rate your health during the past month (or the last 30 days)?

	Received service (Y/N)	Enough financial assistance (Y/N)	Long enough (Y/N)	Quality (high, med, low)	Helped you stay stably housed? (Y/N)
Rental assistance					
Housing placement					
Housing quality					
Housing counseling					
Employment services					
Education services					
Legal services					
Health services					
Basic needs (e.g. food, clothing)					
Other services needed: _____					

51. Which services were the most important or most helpful to you? _____

52. What barriers or challenges did you experience with trying to maintain your housing? _____

53. Do you have any feedback or comments about your experience in the program or study? _____

Thank you again for your time and participation in this study. Your information and experience will be important for creating programs that help people in situations like yours. If you would like to be informed about any reports that are produced from this information in the future please let the Interviewer know.

Appendix II—Study Outcomes

A. Utah homelessness prevention study: Baseline indicators

Demographics	CCS		SLCAP		Total	
	Number	Percent	Number	Percent	Number	Percent
Age of Applicant						
18-25	32	16%	36	15%	68	15%
26-35	66	34%	80	32%	146	33%
36-45	43	22%	67	27%	110	25%
46-55	40	20%	42	17%	82	19%
55+	14	7%	22	9%	36	8%
Gender of applicant						
Female	144	73%	207	84%	351	79%
Male	52	27%	40	16%	92	21%
Transgendered	0	0%	0	0%	0	0%
Race and Ethnicity						
White	154	79%	166	67%	320	72%
American Indian/Alaskan Native	3	2%	14	6%	17	4%
Asian	1	1%	5	2%	6	1%
Black/African American	13	7%	27	11%	40	9%
Native Hawaiian/Pacific Islander	1	1%	11	4%	12	3%
Other/multiracial	24	12%	24	10%	48	11%
Hispanic/Latino	53	27%	63	26%	116	26%
Marital Status						
Cohabiting	13	7%	22	9%	35	8%
Married	43	22%	61	25%	104	23%
Separated/divorced	87	44%	76	31%	163	37%
Single, never married	49	25%	82	33%	131	30%
Widowed	4	2%	5	2%	9	2%
Missing	0	0%	1	0%	1	0%
Household size (HH size)						
Average HH size	2.7	-	3.0	-	2.9	-
Median HH size	2	-	3	-	3	-
Range HH size	1-10	-	1-10	-	1-10	-
1 adult	43	22%	47	19%	90	20%
2 adults	60	31%	94	38%	154	35%
3+ adults	9	5%	16	6%	25	6%
Average number of minor children in HH with children	1.96	-	2.25	-	2.11	-
Median number of minor children in HH with children	2	-	2	-	2	-
Range number of children	1-6	-	1-8	-	1-8	-

Appendix II—Study Outcomes

A. Utah homelessness prevention study: Baseline indicators (continued)

Demographics	CCS		SLCAP		Total	
	Number	Percent	Number	Percent	Number	Percent
Household composition						
Single adult	43	22%	48	19%	91	21%
Single parent with children	84	43%	89	36%	173	39%
Household of adults	19	10%	29	12%	48	11%
Adults and minors	50	26%	81	33%	131	30%
Number of families with of children younger than age 5	76	57%	90	53%	166	55%
Geography						
Number with last permanent address in Utah	182	93%	237	96%	419	95%
Number with last permanent address in same county	162	83%	228	92%	390	88%
Socioeconomic Status	CCS		SLCAP		Total	
	Number	Percent	Number	Percent	Number	Percent
Education						
Less than high school	53	27%	50	20%	103	23%
High school/GED	76	39%	78	32%	154	35%
Some college	49	25%	86	35%	135	30%
Associates Degree	11	6%	23	9%	34	8%
Bachelor's Degree or higher	7	4%	9	4%	16	4%
Income						
Average monthly income	\$595	-	\$936	-	\$837	-
Median monthly income	\$535	-	\$931	-	\$750	-
Range monthly income	\$0-\$2,700	-	\$0-\$3,906	-	\$0-\$3,906	-
1-15% AMI	117	60%	98	40%	215	49%
16-30% AMI	57	29%	103	42%	160	36%
31-50% AMI	22	11%	46	19%	68	15%
No reported income from any source	47	24%	28	11%	75	17%
Income sources						
Child support	22	11%	29	12%	51	12%
TANF	8	4%	9	4%	17	4%
Unemployment	11	6%	19	8%	30	7%
Social Security	5	3%	15	6%	20	5%
SSI/SSDI	53	27%	56	23%	109	25%
Employment	64	33%	129	52%	193	44%
Income from VA	1	1%	1	0%	2	0%

Appendix II—Study Outcomes

A. Utah homelessness prevention study: Baseline indicators (continued)

Socioeconomic Status	CCS		SLCAP		Total	
	Number	Percent	Number	Percent	Number	Percent
General assistance	4	2%	0	0%	4	1%
Friends/family	22	11%	2	1%	24	5%
Other sources	8	4%	15	6%	23	5%
Other benefits						
Women Infant Children (WIC)	37	19%	47	19%	84	19%
Food Stamps	159	81%	178	72%	337	76%
Medicaid	140	71%	135	55%	275	62%
CHIP	7	4%	3	1%	10	2%
School lunch	58	30%	34	14%	92	21%
Veteran benefits	2	1%	2	1%	4	1%
Employment						
Currently employed	64	33%	129	52%	193	44%
Last year—usually employed full-time	62	32%	118	48%	180	41%
Last year—usually employed part-time	41	21%	46	19%	87	20%
Last year—rarely/never employed	88	45%	81	33%	169	38%
Average earned monthly income	\$810	-	\$1,000	-	\$979	-
Median earned monthly income	\$702	-	\$1,063	-	\$898	-
Range of earned monthly income	\$34–2,639	-	\$15–\$3,906	-	\$15–\$3,906	-
Resources	CCS		SLCAP		Total	
	Number	Percent	Number	Percent	Number	Percent
Services						
Housing services	41	21%	29	12%	70	16%
Emergency room	56	29%	39	16%	95	21%
Job assistance	64	33%	33	13%	97	22%
Psychiatric	41	21%	19	8%	60	14%
Legal assistance	20	10%	6	2%	26	6%
Substance abuse	11	6%	6	2%	17	4%
Financial counseling	10	5%	3	1%	13	3%
Health services	29	15%	4	2%	33	7%
Mental health services	41	21%	19	8%	60	14%
Resources						
Family provides support	32	16%	42	17%	74	17%
Friends provide support	12	6%	10	4%	22	5%
Community provides support	1	1%	15	6%	16	4%
Housing						
Currently being evicted or forced to leave	178	91%	203	82%	381	86%

Appendix II—Study Outcomes

A. Utah homelessness prevention study: Baseline indicators (continued)

Resources	CCS		SLCAP		Total	
	Number	Percent	Number	Percent	Number	Percent
Rent is past due	53	27%	99	40%	152	34%
Moved at least once in the last 90 days	73	37%	66	27%	139	31%
Moved 3 or more times in the last 90 days	26	13%	11	4%	37	8%
Homeless in last 2 years	23	12%	21	9%	44	10%
Currently staying with family or friends	54	28%	29	12%	83	19%
Currently staying in hotel or motel	7	4%	4	2%	11	2%
Currently staying in institution	4	2%	0	0%	4	1%
Currently rent/own home	130	66%	209	85%	339	77%
Currently staying in subsidized housing	1	1%	1	0%	2	0%
Currently staying in shelter or PNMH	0	0%	2	1%	2	0%
Top reasons identified for crisis	Job/income loss		Job/income loss		Job/income loss	
	Medical		Medical		Medical	
	Divorce/breakup		Roommate loss		Eviction	
Barriers/risk factors						
Low income	130	66%	97	39%	227	51%
Loss of income	103	53%	141	57%	243	55%
Young adult	33	17%	36	15%	70	16%
Single parent	79	40%	95	38%	175	40%
Large family (6+ members)	8	4%	23	9%	31	7%
Wages garnished for child support	15	8%	12	5%	27	6%
Child welfare involved	28	14%	11	4%	40	9%
Been in foster care	10	5%	22	9%	32	7%
Trauma	56	29%	80	32%	138	31%
Has medical debt	59	30%	60	24%	119	27%
Credit problem	139	71%	123	50%	262	59%
Has been homeless in the last 12 months	21	11%	31	13%	54	12%
Homeless in the last 2 years	23	12%	21	9%	42	9%
Been in institution	27	14%	13	5%	40	9%
Has disabling condition	101	52%	100	40%	202	46%
Has criminal record	69	35%	59	24%	129	29%
Poor rental history	57	29%	49	20%	106	24%
Behavior problems in the family	2	1%	14	6%	16	4%
New to the area	17	9%	12	5%	29	7%
Experienced domestic violence	35	18%	55	22%	90	20%
Doubled-up with family for economic reasons	57	29%	33	13%	91	21%

Appendix II—Study Outcomes

A. Utah homelessness prevention study: Baseline indicators (continued)

Demographics	CCS		SLCAP		Total	
	Number	Percent	Number	Percent	Number	Percent
Is elderly	5	3%	3	1%	8	2%
Prior eviction	146	74%	108	44%	253	57%
Avg # barriers	6.4	-	5.1	-	5.6	-
Median # barriers	6	-	5	-	6	-
Range	2–14	-	1–11	-	1–14	-
STD	1.8	-	2	-	2	-

Appendix II—Study Outcomes

B. Study outcomes by study location and study assignment

Outcomes of Random Assignment	CCS		SLCAP		Total	
	Number	Percent	Number	Percent	Number	Percent
Study outcomes—total						
Record or self-reported literal homelessness	13	7%	9	4%	22	5%
Moved residences	89	45%	91	37%	182	41%
Remained stably housed	17	9%	40	16%	57	13%
Unstably housed	8	4%	23	9%	31	7%
Unknown	67	34%	84	34%	151	34%
Other	2	1%	0	0%	2	0%
Total	196	100%	247	100%	443	100%
Study outcomes—rental assistance						
Record or self-reported literal homelessness	3	2%	4	2%	7	2%
Moved residences	50	26%	41	16%	91	21%
Remained stably housed	9	5%	20	8%	29	7%
Unstably housed	5	3%	13	5%	18	4%
Unknown	32	16%	42	17%	74	17%
Other	2	1%	0	0%	2	0%
Total	101	52%	120	49%	221	50%
Study outcomes—regular care						
Record or self-reported literal homelessness	10	5%	5	2%	15	3%
Moved residences	39	20%	50	21%	89	20%
Remained stably housed	8	4%	20	8%	28	6%
Unstably housed	3	2%	10	4%	13	3%
Unknown	35	18%	42	17%	77	17%
Other	0	0%	0	0%	0	0%
Total	95	48%	127	51%	222	50%

Appendix II—Study Outcomes

C. Households reporting homelessness or housing instability

Demographics	Record or self-reported literal homelessness (n=22)		Unstably housed (N=31)	
Age of applicant				
18-25	3	14%	5	16%
26-35	6	27%	6	19%
36-45	6	27%	7	23%
46-55	5	23%	10	32%
55+	2	9%	3	10%
Gender of applicant				
Female	15	68%	8	26%
Male	7	32%	23	74%
Transgendered	0	0%	0	0%
Race and ethnicity				
White	17	77%	24	77%
American Indian/Alaskan Native	2	9%	0	0%
Asian	1	5%	0	0%
Black/African American	1	5%	3	10%
Native Hawaiian/Pacific Islander	1	5%	0	0%
Other/multiracial	0	0%	4	13%
Hispanic/Latino	4	18%	8	26%
Marital status				
Cohabiting	2	9%	3	10%
Married	8	36%	7	23%
Separated/divorced	5	23%	12	39%
Single, never married	7	32%	8	26%
Widowed	0	0%	1	3%
Missing	0	0%	0	0%
Household size (hh size)				
Average HH size	3.4	-	2.6	-
Median HH size	3	-	2	-
Range HH size	1–8	-	1–8	-
1 Adult	12	55%	16	52%
2 Adults	10	45%	13	42%
3+ Adults	0	0%	2	6%
Number of households with minor children	16	73%	18	58%
Number of households with children under 5 yrs	6	27%	11	35%
Household composition				
Single adult	3	14%	8	26%
Single parent with children	9	41%	8	26%

Appendix II—Study Outcomes

C. Households reporting homelessness or housing instability (continued)

Demographics	Record or self-reported literal homelessness (n=22)		Unstably housed (N=31)	
Household of adults	3	14%	5	16%
Adults and minors	7	32%	10	32%
Geography				
Number with last permanent address in Utah	20	91%	30	97%
Number with last permanent address in same county	16	80%	30	97%
Socioeconomic Status	Record or Self-Reported Literal Homelessness		Unstably Housed	
Education				
Less than high school	5	23%	4	13%
High school/GED	10	45%	8	26%
Some college	6	27%	14	45%
Associates Degree	1	5%	2	6%
Bachelor's Degree or higher	0	0%	3	10%
Income				
Average monthly income	\$891	-	\$845	-
Median monthly income	\$823	-	\$748	-
Range monthly income	\$0-\$2,700	-	\$0-\$3,000	-
1-15% Ami	8	40%	15	48%
16-30% Ami	8	35%	11	35%
31-50% Ami	6	25%	5	16%
No reported income from any source	4	18%	6	19%
Income sources				
Child support	2	9%	1	3%
TANF	2	9%	1	3%
Unemployment	0	0%	1	3%
Social security	1	5%	3	10%
SSI/SSDI	5	23%	7	23%
Employment	9	41%	20	65%†
Income from VA	N/A	-	0	0%
General Assistance	1	5%	0	0%
Friends/family	3	14%	0	0%
Other sources	0	0%	1	3%
Other benefits				
Women Infant Children (WIC)	2	9%	4	13%
Food Stamps	20	91%	22	71%

Appendix II—Study Outcomes

C. Households reporting homelessness or housing instability (continued)

Socioeconomic Status	Record or self-reported literal homelessness (n=22)		Unstably housed (N=31)	
	Number	Percent	Number	Percent
Medicaid	18	82%	17	55%†
CHIP	0	0%	0	0%
School lunch	5	23%	4	13%
Veteran benefits	N/A	-	0	0%
Employment				
Currently employed	8	36%	19	61%*
Last year—usually employed full-time	8	36%	15	48%
Last year—usually employed part-time	5	23%	6	19%
Last year—rarely/never employed	9	41%	9	29%
Average earned monthly income	\$1,162	-	\$870	-
Median earned monthly income	\$1,437	-	\$750	-
Range of earned monthly income	\$300–\$1,900	-	\$80–\$3,000	-
Resources	CCS		SLCAP	
	Number	Percent	Number	Percent
Services				
Housing services	2	9%	3	10%
Emergency room	5	23%	6	19%
Job assistance	6	27%	8	26%
Psychiatric	4	18%	3	10%
Legal assistance	2	9%	1	3%
Substance abuse	2	9%	0	0%
Financial counseling	3	14%	1	3%
Health services	2	9%	1	3%
Mental health services	4	18%	3	10%
Resources				
Family provides support	2	9%	8	26%
Friends provide support	2	9%	1	3%
Community provides support	2	9%	0	0%
Circumstances	CCS		SLCAP	
	Number	Percent	Number	Percent
Housing				
Currently being evicted or forced to leave	21	95%	30	97%
Rent is past due	6	27%	13	42%
Moved at least once in the last 90 days	10	46%	6	19%
Moved 3 or more times in the last 90 days	3	14%	0	0%
Currently staying with family or friends	5	23%	2	6%

Appendix II—Study Outcomes

C. Households reporting homelessness or housing instability (continued)

Circumstances	Record or self-reported literal homelessness (n=22)		Unstably housed (N=31)	
Currently staying in hotel or motel	1	5%	0	0%
Currently staying in institution	0	0%	0	0%
Currently rent/own home	15	68%	29	94%
Currently staying in subsidized housing	0	0%	0	0%
Currently staying in shelter or PNMH	1	5%	0	0%
Top reasons identified for crisis	Job/income loss		Job/income loss	
	Housing eviction		Housing	
	Health/medical		Legal	
Barriers/risk factors				
Low income	10	46%	11	35%
Loss of income	10	46%	16	52%
Young adult	4	18%	4	13%
Single parent	9	41%	10	32%
Large family (6+ members)	3	14%	1	3%
Wages garnished for child support	2	9%	1	3%
Child welfare involved	2	9%	0	0%
Been in foster care	1	5%	4	13%
Trauma	7	32%	6	19%
Has medical debt	7	32%	5	16%
Credit problem	16	73%	19	61%
Has been homeless in the last 12 months	7	32%	1	3%*
Homeless in the last 2 years	2	9%	3	10%
Been in institution	5	23%	1	3%*
Has disabling condition	6	27%	13	42%
Has criminal record	8	36%	11	35%
Poor rental history	7	32%	6	19%
Behavior problems in the family	0	0%	2	6%
New to the area	1	5%	0	0%
Experienced domestic violence	3	14%	4	13%
Doubled-up with family for economic reasons	5	23%	4	13%
Is elderly	1	5%	1	3%
Prior eviction	13	59%	20	65%
Avg # barriers	6	-	4.7*	-
Median # barriers	5.5	-	5	-
Range	2–11	-	2–8	-
STD	2.4	-	1.5	-

* p<0.05 † p<0.1

Appendix II—Study Outcomes

D. Results from comparison study of shelter versus prevention clients in Salt Lake County

Demographic Characteristics		Prevention	Shelter	Difference
Female	% Female	84%	93%	**
Age	Average age	38	32	***
Race	% AIAN	6%	3%	n.s.
	% Asian	2%	1%	n.s.
	% Black	11%	7%	n.s.
	% NHPI	4%	3%	n.s.
	% White	67%	86%	***
	% Other/multiple	10%	-	-
Ethnicity	% Hispanic/Latino	25%	27%	n.s.
Marital status	% Married	25%	24%	n.s.
	% Divorced/separated	31%	33%	n.s.
	% Cohabiting	9%	11%	n.s.
	% Single, never married	33%	29%	n.s.
	% Widowed	2%	2%	n.s.
	% Female headed households	42%	59%	**
Household size	Average number of HH members	3	3.8	***
	Average number of minor children	1.6	2.3	***
Socioeconomic Characteristics				
Income & employment	Average total monthly income	\$1,000	\$407	***
	% Income from employment	52%	20%	***
	Average income from employment if employed	\$1,065	\$891	n.s.
	% Income from unemployment	8%	5%	n.s.
	% Income from TANF	4%	25%	***
	% Income from child support	13%	18%	n.s.
	% Income from disability	23%	10%	***
	% With no income	11%	36%	***
Education	% With less than a high school education	25%	39%	***
Primary reason reported for causing crisis				
Economic		48%	29%	***

Appendix II—Study Outcomes

D. Results from comparison study of shelter versus prevention clients in Salt Lake County (continued)

Demographic Characteristics	Prevention	Shelter	Difference
Housing	5%	15%	**
Household composition change	13%	4%	**
Conflict/domestic violence	4%	27%	***
Poor health or medical expenses	19%	4%	***
Other or no response	10%	11%	n.s.
Prior homelessness			
Ever homeless before	39%	45%	n.s.
Homelessness occurred in last 2-3 years	8%	44%	***

n.s. is not significant

* p<0.05

** p<0.01

*** p<0.001